DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15343 15352 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o. STATE h COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, Marwland Frederick CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5 Weeks Buckeystown Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS event, within 72 filled (Frederick Memorial Hospital NO TY Buckeystown P.O.Md YES and campletely fi 3. NAME OF 4. DATE Doy Year DECEASED (Type or print) Virginia November 19 DEATH Florence Ambush S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED 82 yrs. Months Doys Hours and in any WIDOWED DIVORCED 9-25-1885 Female Negro and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired)

Domestic INDUSTRY COUNTRY? Frederick Co. Md 35-45-36-36-36-36 U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. affending phy George Patrick Henrietta Coates IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Frederick, Md 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I(If yes give wor or dotes of service 215-26-9179 Leroy C. White P.O. Bx 272 No ALTERNATION OF THE PROPERTY OF THE cremation. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSES AND DEATH IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse be retained by the haspital ar attending as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO L 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INHIRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office blda., etc.) Not While ot work ot work FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Q - 5 1956 to 155 19, 19,67 that (1) (we) last director, page 3 shauld shauld be filed with the M, fram causes and an the date stated above. saw the deceased alive an , and that death accurred at 220. SIGNATURE 22b. DATE SIGNED ATTENDING evers M.D DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Thomas E. Stone W. 3rd St Frederick, Md 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9 Burial 11-22-67 Fairview Frederick Md Fred 24. FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE NOV 2 1 1967 Milania Hicks.111 Frederick . Md

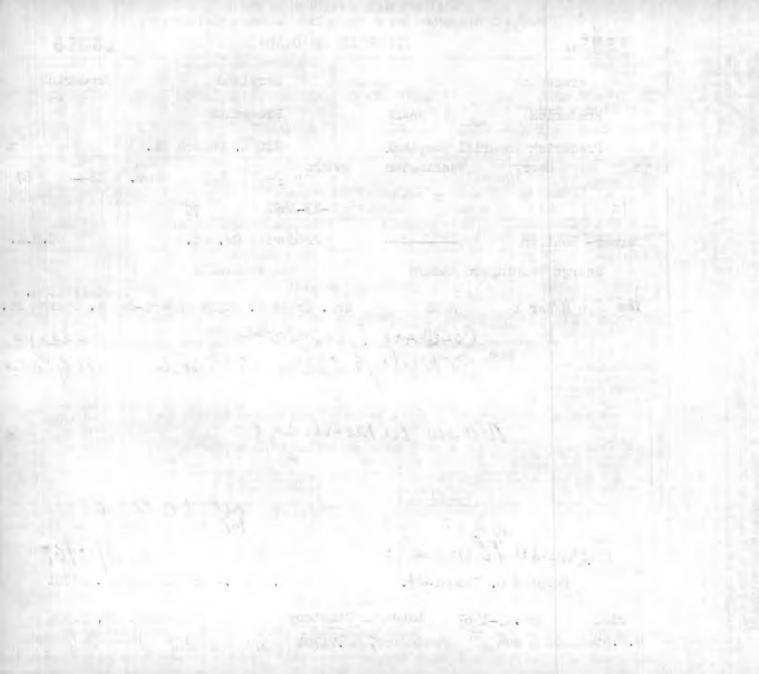
WERRY delignation of the state of the mentageacht sobe the fallenter of the requirement of the same interest of the same SPECIAL PROPERTY AND ASSAULT AND ADDRESS OF THE PERSON OF out the same of th per en statemen der et setetet et egenere The state of the s the barrier water and the second seco TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

MADVIAND CTATE DEDADYMENT OF HEALTH

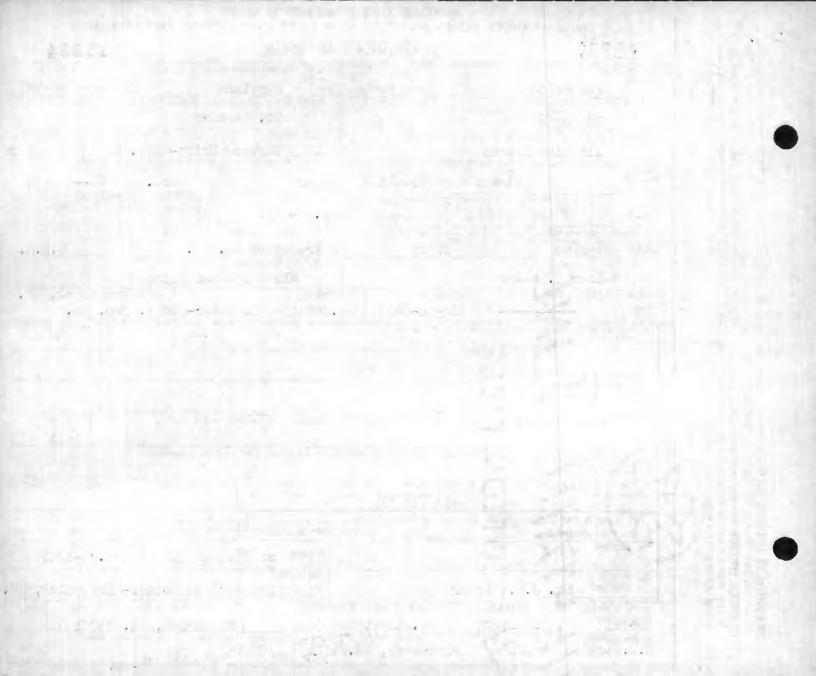
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	MARTLAND STATE DEPARTMENT OF REALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
15350	CERTIFICATE OF DEATH

	Touch	T0000
1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY Three deceosed lived, if institution: Residence before admission)
	Frederick MARYLAND	Maryland b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, units PURAL and give percent fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
	write RURAL and give nearest lown) Frederick years	Frederick
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
1	Frederick Memorial Hospital	220 E. Church St. YES NO
3.	NAME OF Harry First Washington And (Type or print)	ANOZES DEATH Nov. 12— 19 67
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH 9. AGE (In years Jet Under 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	to USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY INDUSTRY	11. 8IRTHPLACE (County & Stote, or foreign country) Frederick Co. Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13	George Washington Anders	14. MOTHER'S MAIDEN NAME Not available
21 (Y)	(or no actual name) (If you give you or deter of consists)	INFORMANT Address Frederick, Md. cs. Katie M. Payne Anders-220 E. Church St
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN ONST AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	rimorto zarigo
	333X DUE TO GOADIA	axtitus - calaxaria la 11644
	conditions, if ony, which gove is to immediate couse (o),	Vicini 8 censos rogicos
	stoting the underlying couse lost. DUE TO (c)	0
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of hury in Part I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED Short For Hour o.m. 19 While of work of work 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (County) (Stote)
	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 40 12 1967, and the	of death accurred at 1-P M, from causes and on the date stated above
	Signature C. Thomas & M.	D. ATTENDING MED. STAFF 22b. DITE SIGNED 22b. DITE SIGNED 1/1/2/67
	22c. PHYSICIAN'S NAME (Type) Bernard O. Thomas—Jr.	Prof. Bldg Frederick, Md. 21701
23	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	the state of the s
)		
2	REMOVAL (Specify) Nov.15-1967 Lutheran Ce ADDRESS MACK AL. R. Etchison & Son Frederick, Md.	MCC 250. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15351 15354 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Prince George a. COUNTY a STATE Frederick Marvland MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Mt. Rainier 24 hours Frederick hau d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? or removal, and in any event, within 72 4203 Kaywood Drive- Apt. 2 116 Pine Avenue YES NO K the death certificate be executed within 3. NAME OF Middle 4. DATE Month attending physician and completely to sermit. Then please remave carban First Last Dov Year DECEASED Albert Franklin Baker 26-19 67 Nov. DEATH (Type or print) B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months birthday) Haurs White Dec.25-1937 Male WIOOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Route Salesman INDUSTRY COUNTRY? U.S.A. Frederick Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Walter H. Baker Alice Frances Klipp Address Frederick. Md. 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po ar unknawn) (If yes give war ar dates af service) permit. 218-34-3837 Mrs.Rosalie Ann Baker-328 E. 3rd. St. burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the burial-transit p PART I. OFATH WAS CAUSED BY ONSET AND DEATH requires that IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse attending been as the prior ta last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has CERTIFICATION be detached far use State Dept. of Health YES T NO O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar FUNERAL DIRECTOR: After this certificate irector, page 3 shauld be detached far us 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) at wark at work 21. I certify that (I) (this haspital) ottended the deceased from . 19____, that (1) (we) last I from______, 19____, ta______, 19____, that (I) (we) last and that death occurred at _==154M, from couses ond on the date stated above. 3 shauld with the sow the deceased olive on_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING Nov . 27-1967 **OIRECTOR** M.D. PHYS director, page 3 shauld be filed 22d. ACORESS 22c. PHYSICIAN'S NAME (Type) Dr. J.R. Poirier Frederick Medical Center- Frederick. Md. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION PEMOVAL (Specify) 11-29-1967 Mt.Olivet Cemeterv Frederick. Md. 21701 24 FUNERAL DIRECTOR FRUM M.R.Etchison & 25b. REGISTRAR'S SIGNATURE ADDRESS Whitmore 2Sa. REC'D BY REGISTRAR Frederick, Md.21701 Villayella 20 M 1/8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15352 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY REDERICK MARYLAND MARYLAND FREDERICK b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hours Frederick -KEDERICK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 311 N. Market Street NO T YES NAME OF Middle 4. DATE Lost Month Year DECEASED onald Clayne (Type or print) AUGHER DEATH 1967 NEVER MARRIED 9. AGE (In veors IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH lost birthdoy) Months Hours DIVORCED WIDOWED NOV. 15 1967 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Frederick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JEAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Richard J. Baugher (Same as item #2) None 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), **DUE TO** stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO T 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. (City or town) (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram. , 19___, that (1) (we) last , to_ NEV 16 19(7), and that death accurred at 1304 M, from causes and on the date stated above saw the deceased alive an 220. SIGNATURE-22b. DATE SIGNED MED. STAFF DIRECTOR PHYS. Nov. 17,1967 M.D. PHYS.

22d. ADDRESS

250. REC'D BY REGISTRAR

23c. NAME OF CEMETERY OR CREMATORY

In . ADORESS Fudeley.

Mount Olivet Cemetery

Frederick Medical Center, Frederick, Md.

Frederick, Maryland

2Sb. REGISTRAR'S SIGNATURE

23d. LOCATION (City or Town)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a Page 4 may be retained by the haspital or attending physician.	7		+	マイン
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lost.

22c. PHYSICIAN'S

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

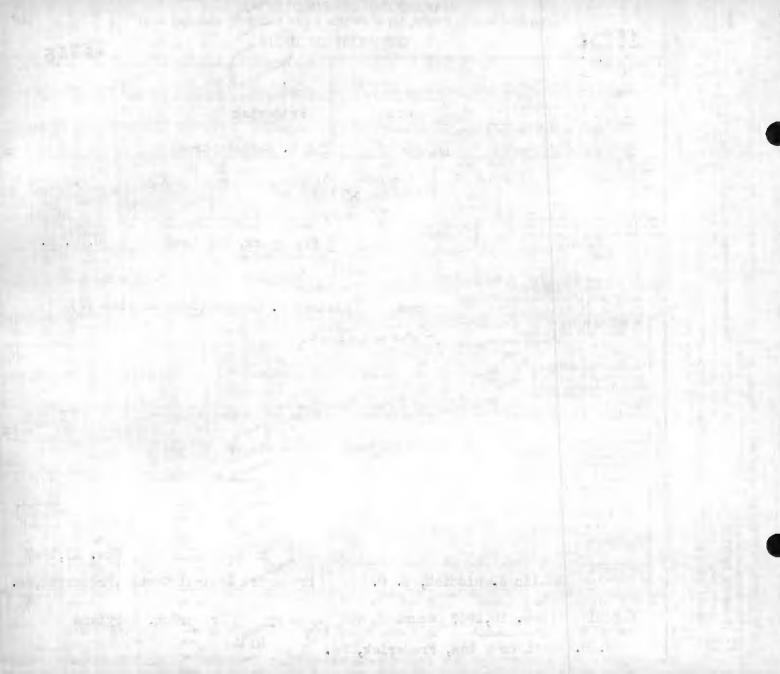
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NAME (Type)

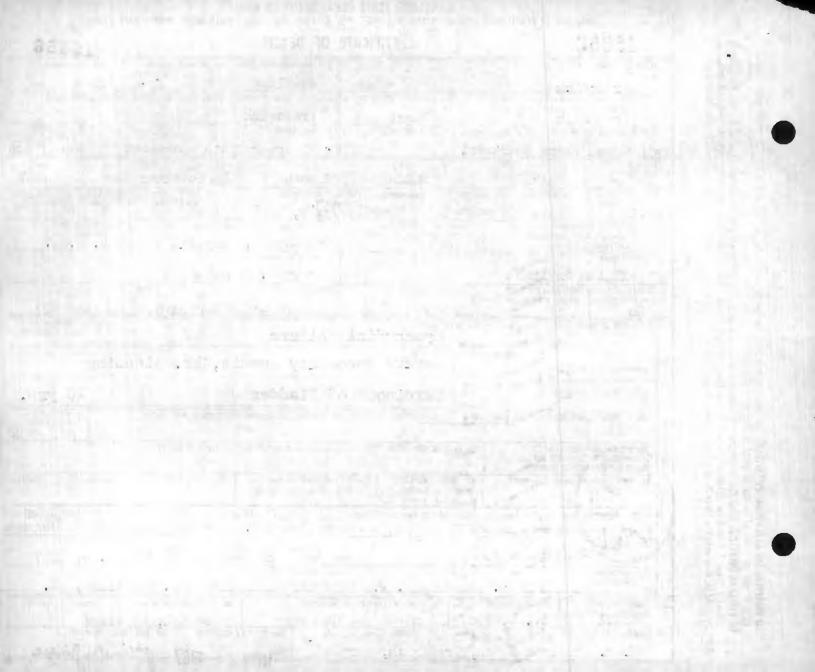
Willis J. Riddick, M. D.

M. R. Etchison & Son, Frederick, Md.

23b. DATE THEREOF



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #G CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY MARYLAND Frederick hours ofter b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Frederick Years Frederick d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) popega ON A FARM? 24 Twin Creek Plaza Apartment Twin Creek Plaza Apartment YES NO EX The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE physician and completely DECEASED OF November BENSON ENGLISH 67 MINNIE 19 (Type or print) please remove cor 9. AGE (In years IF UNDER 24 HRS. C CEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8_ DATE OF BIRTH Jan. 9, 1878 birthday) Manths Hours WIDOWED DIVORCED Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE COUNTRY? INDUSTRY Germantown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo Mary C. Thompson William English 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Miss Mary Alice Benson (Same as item #2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p Myocardial Failure ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion. DUF TO Severe Secondary Anemia, Chr. Bleeding Conditions, if any, which gove rise to immediate cause (a), **DUE TO** stating the underlying cause Carcinoma of Bladder 10 yrs. O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use of Heolth YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While 196 (, that (1) (we) last august 1965 to nov. 2 21. I certify that (I) (this hospital) attended the deceased from. 1967, and that death occurred at 4:10 PM, from causes and on the date stated above. sow the deceased olive on No V' 2 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 50 Nov. 3, 1967 director, page 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 810 Toll House Ave. Frederick. Gilcin F. Meadors, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 256 REGISTRAR'S SIGNATURE M ADDRESS Fadeles 2Sp. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deotha requires that the death certificate be executed within 24 hours after death. and, funero PLACE OF CEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 5 COUNTY **MARYLAND** c CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town) b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 We RURAL and give nearest town rederick the attending physician and completely filled in significant sit permit. Then please remove corbon papers. B IS RESIDENCE d. NAME OF HOSPITA. OR INSTITUTION (If not in hospitol, give street address) d. STREET AOORESS within 72 please remove corbon papej NO C YES 🗍 NAME OF 4. OATE Lost Ogy Year DECEASED OF DEATH & SAW November ond in ony event, 10 19 (Type or print F UNDER 1 YEAR LIF UNDER 24 HRS 9. AGE (In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthday) Months Oovs Hours WIDOWFD 10 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working ife, even if retired) COUNTRY? INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service cremation. INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. OEATH WAS CAUSED BY: buriol-tronsit ONSET AND CEATH IMMEDIATE CAUSE (0) ANENCEPHALY & CERFORAL MENINGULUEL signed by OUE TO burial. Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse Page 4 may be reformed by the hospital or attending OFILINERAL DIRECTOR: After this certificate has been os the prior to lost. 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use of Health NO 20o ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF OFATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) TIME OF INJURY Month, Ony, Year Hour o.m. foctory, street, office bldg etc.) Not While at work of work /v , 19 6 2, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. . 19 67. ta NOV NUV 3 should 19 67, and that death accurred at 5 AM, fram causes and an the date stated above NOV saw the deceased alive an. 10 22b OATE SIGNEO 22o. SIGNATURÉ **ATTENDING** STAFF director, page 3 should be filed v M.D. DIRECTOR 22c. PHYSICIAN'S 22d AODRESS NAME (Type) RED 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b OATE THEREOF (County) (Stote) REMOVA. (Specify)
REL. 70 HOSP.
24. FUNERAL DIRECTOR FREDERICK MEMORIAL HOSP. FRENERICK 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)





		CERTIFICATE	OF DEATH		اند	109
		PLACE OF DEATH	2. USUAŁ RESIDENCE (V	Vhere deceased eved, if institu	tian Residence bi	efare admission)
	(COUNTY Frederick MARYLAND	o. STATE	and b (OU	Freder	ick
	ŀ	CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16		tside carparate limits, write RU		
		write RURAL and give nearest town) Frederick	Knoxvil	le(Rural)		
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	,		e S RESIDENCE
4		Frederick Memorial Hospital	Route I	box 96		ON A FARM? YES X NO
		NAME OF First Middle	Las!	4. DATE Mon	th [Day Year
		DECEASED Type or point) William Francis Bus	20 eR	OF DEATH I3	I	0 19 67
	5 5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 2	DATE OF BIRTH	9 AGE (In years last birthday)	Months Dov	
		male cauc. WIDOWED DIVORCED	7/13/1901	66 yrs	Months Day	riduis Min.
	100	USUAL OCCUPATION (Give kind of work dane pg mast af working life, even if retired) INDUSTRY	11 BIRTHPLACE (County)	& State, or fareign country)	12 CITIZEN	OF WHAT
	F	SIMEL (MD021K)	Maryland	1	U.S	.A.
	13	FATHER S NAME	14. MOTHER'S MAIDEN N	NAME		
	J	John Franklin Burger	Elizabeth	Wiles		
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If yes give war or dotes of service)	NFORMANT	Addr	ess	
	Į i d.	no 213-18-0661 118	ary Virgin	ia Burger, E	grunswi	ck, Ld.
		18. CAUSE OF DEATH (Enter only one cause per lyfe) or (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY.	CI			INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	C dance	<u>_</u>		ONSET AND DEATH
		773 X DUE TO Q				
		Conditions, if ony, which gave (b) (b) Cherry (c)		. <u> </u>		
		stoting the underlying couse				
		last. (c)				
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO I	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED?
	S.					YES 🔀 NO
-	CERTIFICATION	200, ACCIDENT WAS UNDERLYING \(\) 20b DESCRIBE HOW INJURY OCCURRED. (OR CONTRIBUTING \(\) CAUSE OF DEATH	(Enter nature of injury in I	Part I or Port II of item 18)		
	SEC	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	WED C	Hour a m. While - Not While - factor	TE OF INJURY (Home, farmary, street, affice bidg, etc.)		(County)	(State)
	2	pm. 19 otwork 🗀 atwark 🗀				
		21. I certify that (I) (this hospital), attended the deceased fram	11/10/67 ,1		<u>· 7</u> , 19,	that (I) (we)-la
H		saw the deceased alive an 19, and that	dealli accorred or	3 ref m, light cooses	226. DATE S	
		Lightin Veg 10 Mg	ATTENDING PHYS	MED STAFF DIRECTOR PHYS C	7 ///	(1)
		22c PHYSICIAN'S	22d ADDRESS		5	10101
		NAME (Type) Austin Pearre, Jr. N.D.	1904 Toll	. House Ave.	Freder	ick, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in byta director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paperes: Pashould be filed with the State Dept of Health prior to burial, crematian, ar remaval, and in any event, within 72 naws.

Page 4 may be retained by the haspital or attending physician.

FUNERAL DIRECTOR

23a BJRIA., (REMATION, By NEMOVAD(Specify)

べたつちゃ

ther death

Brumbesick, Ma. 250. REC D BY REGISTRAR

23c NAME OF CEMETERY OR CREMATORY
Pleasant View Comotory

23d LOCATION (City or Town)
Purkittsville (County) REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USDAL RESIDENCE (Where deceased lived, \$f institution: Residence before admission) a. COUNTY F 26 7 27 27 12 MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 49 mil d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Southle . . in _ NO F NAME OF DECEASED (Type or print) DEATH 19 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED (ast birthday) Months | Days DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) unior I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITYNO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Myocardial Failure few min IMMEDIATE CAUSE (a) DUE TO Carcinomatosis of peritoneum & liver Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the Primary carcinoma of cervix & fundus uteri underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Severe Secandary Anemia, Paroxysmal Tachycardia intermittents No R 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) factory, street, office bidg., etc.) (County) (State) Hour a.m. Not While at work 21. I certify that (I) the stress that attended the deceased from saw the deceased alive prince 28 19 and the deceased from the deceased f director, page 3 should should be filed with the saw the deceased alive on NOV. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE Nov. 28, 1967 DIRECTOR PHYSICIAN PHYSICIAN 22d. ADDRESS NAME (Type) 810 Toll House Ave. Frederick, Mc F. Meadors, M.D. BURIAL, CREMATION, 1 23b. 23d. LOCATION (City, town or county) REMOVAL (Specify) For To ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20M 1/65



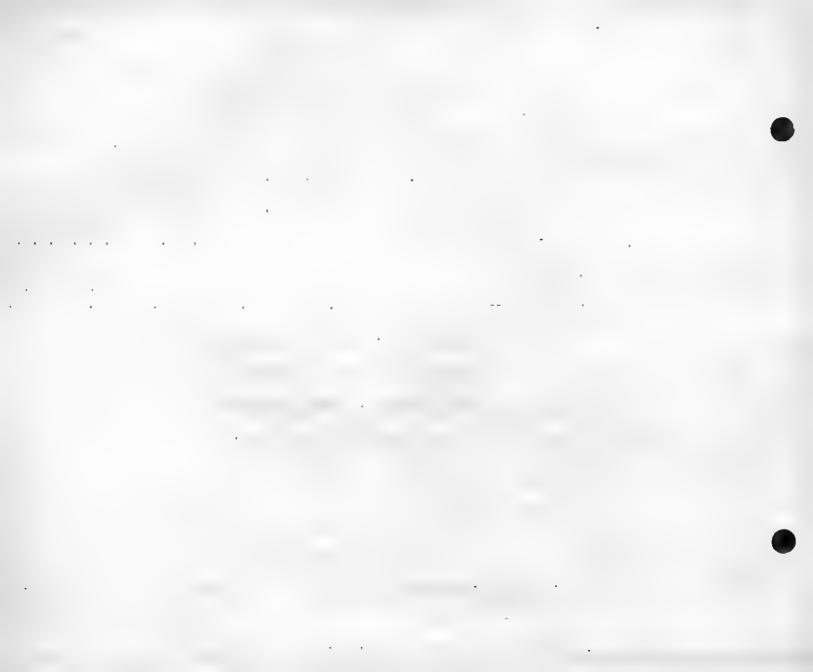
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 358 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH o. COUNTYFrederick b. COUNTY ely titled in by the fune bon papers. Pages 1 o Frederick MARYLAND 24 hours after b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL pod give pegrest town Brunswick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCI d STREET ADDRESS ON A FARM? Frederick Memorial Fospital the attending physicion and completely whed sit permit. Then please remove carbon pape 64 YES 🗍 NO. requires that the deoth certificate be executed within 3 NAME OF Middle DATE First Day Year DECEASED ō event. (Type or print) 24 DEATH 19 6 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE DATE OF BURTH AGE (In years 7 MARRIED **NEVER MARRIED** ast birthday) Months Dovs Haurs Female Cauc. WIDOWED X DIVORCED 10b K NO OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done COUNTRY? **INDUSTRY** Maryland 13. FATHER S NAME 14 MOTHER'S MAJDEN NAME or removal, Lorenza Phillips Nan Phillips 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates at service John M. Carey Brunswick, Md none cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH signed by the burial trans IMMEDIATE CAUSE (a) physician. **DUE TO** Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending the O FUNERAL DIRECTOR: After this certificate has been last SO WAS ANTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO YES 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18): 200, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Hour a.m factory, street, office bldg., etc.) Nat While at wark at work 21 1 certify that (1) (this haspital) attended the deceased from 12 Nov 1967. to 13 NOV. 1967 that (1) (we) last should No V 19 6 7, and that death accurred at 2 M. fram causes and an the date stated above saw the deceased alive an. 22a. SIGNATUR 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. M.D. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ederick Mo CEMETERY, OR CREMATORY LOCATION (City of Lawn) BURIAL CREMATION PARE THEREOF 7 (State) (County) Brownsvi I.d. ADDRESS Arunswick, had. 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25b. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15359 15362 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Predericks warry · SIAIL aryland b COUNTY Page / 40 Frederick .12 P deoth. MARYLAND ent b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ofter Brunswick S RESIDÊNCI d NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS hours ON A FARM? New Addition Stote YES 🔲 NO-4n Item 18 Give Poges 24 hours ofter deoth Office along with 4 DATE 3 NAME OF First Middle Lost Month Dov Year within 72 DECEASED OF the Leo William TT Carey 19 (Type or print) DEATH with IF JNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE DATE OF BRITH AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours Dovs Maryland male cauc. WIDOWED DIVORCED event 11 BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT Railroad during most of working life, even it retired)
Retired employee COUNTRY? Marvland pages I d "pending in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME William P. Carey Minnie B.Long <u>8</u> pup 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no, or unknown) (If yes give wat or doles of service 05-IO-303 removol. Danner-New Addition Virginia es INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, or IMMEDIATE CAUSE (o) 4201 This certificate should writing the word DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), 0 DUE TO 0 stoting the underlying couse forworded S buriol, 1 nsed (PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate. NO or its designated agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port Lof Item 18.) 3 should PRIMARY Or CONTRIBUTING pluors EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20f (City or town) (County) (Slote) Hour om. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X ٥ Inquiry and in my opinion Notural_couses the funerol director. death resulted from: Accident Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER necessory, Robert Thomas M.D. **EXAMINER'S** may Health Address (Street, city, town, or county) NAME (Type) 230 BUR AL, CREMATION, IREMOTIVAL (Ready) 23c NAME OF CEMETERY OF CREMATORY TO THE COMPANY OF CREMATORY LOCATON (City or Town) (County) (Slote) 92 Laryland BruffsWick, i.d. REGISTRARS S GNATURE 24) FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



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	15362 CERTIFICATE OF DEATH	
	PLACE OF DEATH	t lived it institution. Per dage before
	e. COUNTY	b. COUNTY
Ь.	CITY OF TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate	Frederick emits, write RURAL and give neerest too
	write RURAL end give neerest town]	
Ī	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street eddress)	T = 15 R
1	Tono ency Hall Nursigly Home, N. Market R. A. # 2	YES
3	DECEASED OF	Month Dey Ye
		Two 24 19
	Female WIDOWED DIVORCED 1-10-1877	birthdey) Months Days Hours
1	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (COURT & State or foreign	
ľ	House wife own if retired own home Frederick co., M	d. U.S.
1.	3. FATHER'S NAME	
4	James William Smith Alice Georgian	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (Ifyesgive were ordered as a fservice)	Address Frederic
-	16. CRUSE OF DEATH Enter only one cause per line for (e), (b), and (c)]	irsing Home N.M.
	PART I. DEATH WAS CAUSED BY.	ONSET AND
	DUE TO	
П	Conditions, it ony, which ? (b) arterescheratic earder vascular of	wend your
l	geve rise to immediate cause (a), stating the underlying	9
L	couse lost. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONT	ITION GIVEN IN PART 1(a) 19. WAS
100	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I of Pert II of	YES T
1 2	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I of Pert II of I	· · · · · · · ·
		wn) (County)
MEDICAL	Hour e.m., While Not While fectory, street, office bldg., etc.)	
	21. I certify that (I) (this hespital) attended the deceased from 9/5 1947, to 1/2	24/ G. 7, 19, that (1)
		causes and on the date state
	220. SIGNATURE ATTENDING MED. SI	AFF2
	M.D. PHYS. DIRECTOR PH	YS. [] /// 3
	NAME (Type) E. A. DETTBARN Wallenson	lle, rud.
=	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	(City, town or county)
	burial 11/27/67 Lount Olivet Cemetery Frede:	ick, Md.
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
1	Gladhill Company, Middletown, Md. DATE NUV 28 13	01

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79 Nov 1957

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.3337 15364 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE Frederick MARYLAND Marvland Frederick b CITY OR TOWN (If aviside carparate limits, write RURAL and give nearest town)
FTEGETICK C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the deoth certificate be executed within 24 hours 5 days Union Bridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B S RESIDENCE ON A FARM? Frederick Memorial Hospital Route 2. YES NO THE NAME OF 4 DATE Manth Last Day DECEASED COUSINS (none) NOVEMBER 22 1967 DEATH JE UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED 9 AGE (In years NEVER MARRIED (ost buthday) white Sept. 1891 female WIDOWED DIVORCED 1Da USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or Foreign country) 12 CITIZEN OF WHAT Aldenham, England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, ar removal, Walter Bennett Mary Ann Larkin Reate 2, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Md. (Yes, no, or unknown) (If yes give war ar dates of service) 218-54-4096 Mrs. Joan C. Good. Union Bridge. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-transit p ONSET AND_DEATH CARCINOMATUSIS -IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause as the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? DIABETES MELLITUS GEWERALIZED PRTERIOSCIEROSIS YES 57 NO 2Dg ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of tem 1B) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or tawn) 20c. TIME OF INJURY Manth, Doy, Year 20e PLACE OF INJURY (Hame, farm (County) (State) Hour am factory, street, affice blda., etc.) Not While at work 1966, to 11/22, 1967 that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased from..... 22 19 67, and that death occurred at 605 PM, from causes and on the date stated above O FUNERAL DIRECTOR: saw the deceased alive an_ 22n. SIGNATURE 22b. DATE SIGNED MD DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, por NAME (Type) Richard C. Reynolds Frederick. Maryland 23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Cremation 11/24/1967 Fort Lincoln Washington. 250 RECD BY REGISTRAR i dearl an **VR A15** Union Bridge, Md OATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. STATE Maryland o COUNTY Frederick MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Frederick Frederick Davs d. STREET ADDRESS IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM 300 Willow Avenue YES NO TO NAME OF 4 DATE Year OF DEATH DECEASED (Type ar print) 1960 DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED last birthdoy) Manths Davs Haurs WIDOWED DIVORCED KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT 10b during most af warking life, even fretred) COUNTRY? INDUSTRY Frederick County, Md. Frederick City Machine operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME awe 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service Mrs. Olivia Covell (Same as item #2) No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per lye for (a), (b), PART I. DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gave rise to immediate cause (a). DUE TO stating the underlying couse this certificate has been WAS AUTOPSY PERFORMED? PART A OTHER SIGNIFICAN'S CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) around NO far 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or fown) (Stote) 20d, INJURY OCCURRED (County) TIME OF INJURY Month, Day Year Hour a.m factory, street, affice bldg, etc.) Not While ot work TO FUNERAL DIRECTOR: After ot wark Page 4 may be retained by . 1963 . ta 1/-/8- 196 / that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from_ 19.67, and that death accurred after PM, fram causes and an the date stated above saw the deceased alive an 22a, SIGNATURE 22b DATE SIGNED STAFF PHYS ATTENDING Nov. 18,1967 DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Market Street. Frederick, Md. 220 N. Rex R. Martin, M. directar, 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23g. BUR AL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) ry Daysville Road Frederick, Md.
250. RECD BY REGISTRAR J 25b. REGISTRARS SIGNATURE Union Chapel Cemetery 24 FUNERAL DIRECTOR M. R. Etchison & Son. Frederick.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15369 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY Frederick a. STATE **b.** COUNTY Maryland Frederick MARYLAND b CITY OR TOWN (If autside carparate firmits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Frederick Frederick Rural d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM Bartonsville Rd. Rt.# 6 Frederick Memorial Hospital NO PC The law requires that the death certificate be executed within-NAME OF First 4. DATE Month Last Year completely nove carbon DECEASED 0F MELVIN CROUSE SR. EUGENE November 19 67 DEATH 6. COLOR OR RACE S SEX 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9 AGE (In years IF UNDER IF UNDER 24 HRS last birthday) Haurs White Male March 13. 1908 ond in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? Frederick County. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, John H. Crouse Mary F. Simmons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dotes af service) 17. INFORMANT 16. SOCIAL SECURITY NO Mrs. Eva Mae Crouse Route # 6 Frederick. Md. cremation. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY ACUTE CORONARY OCCLUSION IM MEDIATE CAUSE (a) DUE TO ARTERIO SCHEROTIC HEART DISPASE 10 YEARS Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY hos PERFORMED? NO 20a. ACCIDENT WAS JNDERLYING L BESCRIBE HOW IMURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (State) (City or fawn) (County) factory, street, office bldg , etc.) 21 I certify that (I) (this haspital) attended the deceased from C (Saw the deceased olive on_/0//S and that death occurred at 1/3 AM, from causes and on the date stated above SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D director, page should be filed 22d. ADDRESS NAME (Type) Dr. John H. Teske M.D. 700 Montclaire Avenue Frederick. Md. BUR AL, CREMAT ON, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) Frederick, Maryland 2 Mount Olivet Cemetery 25g. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE Frederick. Md.



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
h 70.77		CERTIFICATE OF DEATH	1000						
# 20	\$.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution	Residence before edmission)						
Par ta		e. COUNTY - REDERICK MARYLAND BY THE B. COUNTY B. COUNTY B. COUNTY C. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL a	DERICK						
2 16-61	/	/ pwrite RURAL and give negrost town)	no give nearest term						
age s	_4	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	e. IS RESIDENCE ON A FARM?						
of Series P		NAME OF First Middle Lest 4. DATE Month	Dey Year						
execul comple n pap hin 7.		DECEASED (Type or print) ORA ALICE DAVIS DEATH VV. SEX 16. COLOR OR RACELY MARRIED DAVIS DE BIRTH 19. AGE (In years IF UNDE	25 19 67 RT YEAR I IF UNDER 24 HRS.						
and and carbo	J.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDE Last birthday) FUNDE WIDOWED 14 FEB. 1893 7 yes. Months	Deys Hours Min.						
rificate sician nove	7 10a	neyduring most of working life, even if religied)	TIZEN OF WHAT COUNTRY?						
th cer g phy ase rei in an)	13.	FATHER'S NAME THORITE FATHER'S NAME THORITE THORITE							
des des		LACOB I SNER UNKNOWN							
e atte e atte Then oval,		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17 INFORMANT Address st, no., or unknown) (Illyesgive were oddless of service) 220-52-2185 MPS RUBY LIVE TOV R.2.//A	UGN BRIDGE						
s that you the milt.		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN						
require physici gned b nsif per ion, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ChRONIC BRONCHITES DOUCHIES DUE TO	lasis year						
Frage Street		Conditions, if any, which (b)							
The Ittendation of the Ittendation of the Itendation of the Itenation of the I		geve rise to Immediate cause [8], stating the underlying DUE TO							
buria	z	COMPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY						
Spital spital spital se se as or to	CATION	COR DULMONATO.	YES NO						
PHYS the ho this cel d for u	CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH . [IF EITHER, NOTIFY MEDICAL EXAMINER]							
IDING by Affer Affer detache	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour a.m., p.m. 19 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (Cily or town) fectory, street, office bldg., etc.)	ounty) (Stella)						
CTOR CTOR Id be o		21. I certify that (I) (this hospital) attended the deceased from	9, that (I) (we) last						
Shoul		saw the deceased alive on	22b. DATE SIGNED						
AIL AIL the the		22c. PHYSICIANS DIRECTOR PHYS. DIRECTOR PHYS. D	1/22 1						
HOSPIT ath. Pag FUNER ector, pa filed wil		NAME TOUTH CARICOFE UNION BRIDGE, A	1ARYLAND						
	23	REMOVAL (Specify)	(State)						
H.H.	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR	S SIGNATURE						
15M 7-63	X.	1 Hertsliet Sons UNION BRIDGE MODATNOV 2 8 1967	in judgle						



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15363 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Frederick a COUNTY **B** COUNTY Maryland Frederick **MARYLAND** C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carporate limits, write RURAL and give neares fown) Frederick days Rural The law requires that the death certificate be executed within 24 hours d STREET ADDRESS Route # B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) aper Frederick Memorial Hospital YES NO TO NAME OF DATE Middle Day Year the attending physician and completely sit permit. Then please remave carbon please remave carbon 3 DECEASED NILLIAM ELWOOD DEAN 28. 19 67 November Type or print DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years FUNDER I YEAR 7 MARRIED NEVER MARRIED X 65 birthday) White Male May 24. 1902 and in any WIDOWEO DIVORCEO 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a JSUAL OCCUPATION (Give kind of work done R. Feed Store Employee None Frederalsburg, Marvland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remayal, Henry Dean Anna Frances Cheezum 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, ng. or unknown) (If yes give war or dates of service 220-30-8802 Mr. Clarence H. Dean 432 Center St. Fred. Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** signed l Canditians, if ony, which gove (b) rise to immediate cause (a), DUE TO has been s stating the underlying cause Page 4 may be retained by the haspital or attending last. WAS AUTOPS!
PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health NO O FUNERAL DIRECTOR: After this certificate for 20o ACC DENT WAS UNDERLYING [205, OFSCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour o.m. factory, street, office bldg., etc.) Not While at work ot wark 2]. I certify that (I) (this haspital) attended the deceased fram 11.17-director, page 3 shauld shauld with the 1941, and that death accurred at M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING 11-28-1967 M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME(Type) Dr. Rex R. Martin M.D. 220 N. Market Street Frederick. Md. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23g. BURIAL CREMATION Burial (Specify) 12-1-1967 Resthaven Memorial Gardens Frederick County, Md. 25b. REGISTRAR'S SIGNATURE 25a, REC O BY REGISTRAR 24 SUNPRAT DIRECTOR Melinelas 1967 Robert E. Frederick. Maryland DATDEC 4 Dailey 6



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick o. SIMaryland b COUNTYFrederick MARYLANO b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURALyand alvaneorest-tayon) Brunswick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
Frederick Memorial Hospital d STREET ADDRESS ON A FARM 37 East'D' Street YES NO NO requires that the death certificate be executed within 4. DATE OF DEATH 3 NAME OF Year DECEASED Wa 19 S. SEX NEVER MARRIED male birthdoy) Manths 30/05 Doys Hours cauc. WIDOWED 10a JSUA. OCCLPATION (Give kind of wark done dur गुराकार्य प्रवासक्तातिक, सुक् स्वर्धाक्रों) स्था 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Bacon STRY R. laryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Burns Donovan Emma Virginia Virts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, experimental) (If yes give war ar dates of service) 236-03-2786 Carrie Donovan Brunswick, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO ficate has been s for use as the t f Health priar tab stating the underlying cause Page 4 may be retained by the haspital or attending last 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL GISEASE CONDITION GIVEN IN PART 1(g) this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part i or Part il of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) Hour a.m. factory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21 I certify that (I) (this haspital) attended the deceased fram 3/VoV, 1967, ta 3/VoV, 1967, that (I) (we) last saw the deceased glive an 3/VoV, 1967, and that death accurred at 7354 M, fram causes and an the date stated above. director, page 3 shauld shauld be filed with the 22b. OATE SIGNED 22o. SIGNATURE 凼 M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIÁN'S NAME (Type) 230. BJRIA., (REMATION REMOVALTS RECEY) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Fair View Cemetery Bolivar West Virginia 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Brunkswick. Ma 240 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours ofter death funeral l ond 2. USUAL RESIDENCE (Where deceased lived, if institution Residence pefore admission) PLACE OF DEATH a. COUNTY **B** STATE b. COUNTY Maryland Frederick Frederick MARY AND b CITY OR TOWN (If autside carparate imits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick Frederick Lifetime d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? papi 10h Pennsylvania Ave. 10h Pennsylvania Avenue YES NO X buriol, cremotion, or removal, and in any event, within The low requires that the death certificate be executed within NAME OF Middle 4. DATE Month Last please remove carbon completely DECEASED OF DEATH Engle November 67 W. Grace (Type or print) IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Days Haurs Dec.3-1897 White Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working lie even if retired)
Homeinaker Own Home COUNTRY? U.S.A. Frederick Co. Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Miller Harry B. Witter ottending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21701 (Yes, no, or unknown) (If yes give war or dotes of service) John C. Engle-104 Penna. Ave.-Frederick-Md 211-10-5713 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) He. signed by the burnol-tronsit p ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by **DUE TO** Conditions, if any which gave nse to immediate cause (a), DUE TO for use as the b i Health priar to b stating the underlying couse 19 WAS AUTÓPS PART I: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICAT ON NO X YES 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING detached for the Dept. of H OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20t TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Not While OR ATTENDING 19 of work of work 1964 to Vau 19 G7, that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased fram_ guille 1967, and that death accurred at 95 A M, fram causes and an the date stated above saw the deceased alive and 226 6IGNATURE 22b. DATE SIGNED ATTENDING Nov. 26-1967 K M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S Prof. Bldg .- Frederick, Md. 21701 NAME (Type) Dr. Charles H. Conley, Jr. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23a BURIAL, CREMATION, REMOVAL (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery 250 REC'D BY REGISTRAR ADDRESS THELMORE 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR UNERAL DIRECTOR Elucation & Son Frederick, Md.21701 VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before odm.ssier o. COUNTY C TENGTH OF STAY IN 1b b. CITY OR TOWN side corporate limits, write RURAL and give nearest town) e IS RESIDENCE OR INSTITUTION (if not in hospita, give street ON A FARM DECEASED lost buthday) Months hours after death. WIDOWED DIVORCED 100 SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY 1 13 FATHER S NAM 14 MOTHER'S MAIDEN 16 SOCIAL SECURITY NO INFORMAN) any event within 72 (Yes, no, or unknown) (If yes give wor or dotes of service 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b) ondr (f) INTERVAL BETWEEN **burial-transit** ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO Conditions, if ony, which gove 1 rise to immediate couse (a). **D**UF TO stating the underlying couse PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔼 NO F 20b DESCR.BE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of item 18) 20o EXTERNAL CAUSE WAS PRIMARY SE or CONTRIBUTING [CAUSE OF DEATH 20e PLACE OF INJURY (Home form 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED (City or fown, (County) (actory, great, office bidg , etc.) Not While of work of work L 21 I certify that I took charge of the remains described above, held an Autopsy 18. Inspection . Inquiry and in my apinian Accident 7 Suic de death resulted fram: Natural causes Hamic'de | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior may be re FUNERAL (SIGNATURE DEPUTY MEDICAL EXAMINER S Health Address (Street city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d 10CALON (City or Town) (County) 0 RECD BY REGISTRAR VR A15ME (5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within-24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Maryland Frederick Frederick MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 b (ITY OR TOWN (If outside corporate mits, write RJRAL and g ve nearest town) Frederick vears e IS RESIDENCE ON A FARM? d. STREET ADDRESS in NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) and cample ely filled remove carbon paper 138 E. 5th. St. 138 E. 5th. St. YES NO 3 4 DATE Middle Year Lost 3 NAME OF DECEASED Fogle November 16--67 Austin Jennings 19 DEATH (Type or print) and in any event, AGE (n years 8 DATE OF BIRTH S SEX X NEVER MARRIED 6 COLOR OR RACE 7 MARRIED b rthday) Manths Dovs Hours Aug. 5-1930 WIDOWED DIVORCED Male White 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR ing COUNTRY? during most of working life, even fretired)
Concrete Worker INDUSTRY U.S.A. Frederick Co. Md. Concrete Contract-14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or removal, Cora Baugher --- living Jennings Fogle- deceased 17 INFORMANT Address Frederick. Md. 16 SOCIAL SECURITY NO IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. C. Louise Betts- 138 E. 5th.St.-218-21-1889 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signmil by the burial-transit ARDIO-LESP. ARREST PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO mos. RO CUTOMA Conditions, if any, which gove rise to immediate cause (o). DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending be detached far use as the State Dept, of Health priar tal PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO WAS AUTOPSY PERFORMED? CERTIFICATION NO TO YES curtificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a.m. Not While factory, street, affice bldg., etc.) at work O FUHIRAL DIRECTOR: After 21. I certify that (1) (this haspitel) attended the deceased fram 1 1967, and that death occurred at 10 PAM, from causes and on the date stated above should saw the deceased alive on 22b. OATE SIGNEO **SIGNATUR** ATTENDING MED. DIRECTOR STAFF PHYS. Nov. 17-1967 director, page 3 should be filed w 22d ADDRESS PHYSICIAN S 700 Montclaire Ave .- Frederick, Md. 21701 NA ME (Type) John H. Teske 23d LOCATION (City or Town) (State) 23b DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY (County) 23a BURIAL, CREMATION N. of Frederick, Md. 21701 Nov. 18-1967 Resthaven Mem. Gardens REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Elwood
M.R.Etchison & Son VR A15 (4) 20 M 1/66

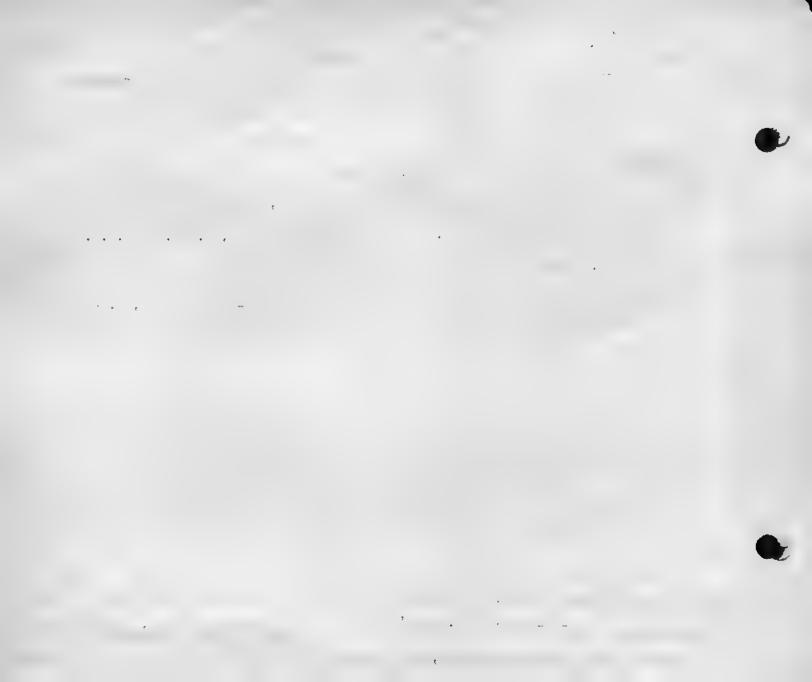


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission a. COUNTY Frederick b. COUNTY Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town)
Mt. Pleasant vears Mt. Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? YES NO X paper 3. NAME OF First 72 Middle 4. DATE DECEASED OF Fothergill LeRoy November (Typa or print) DEATH withi carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months | Days Male White April 15, 1901 WIDOWED [DIVORCED [гетоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired)
Research Scientist Carson City. Nevada U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 훕 William Fothergill Clara Von Trapp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT Address Yes | (Yas, no, or unkown) | (Ifyasqiyawecordatesofsarvica) Mrs. Marguerite N. Fothergill Mt. Pleasant.Md. 1B. CRUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARRY thursa. CARDIAC IMMEDIATE CAUSE (a) 1/201 DUE TO CORONARY Conditions, il any, which gava rise to immediata causa DUE TO (a), staling the underlying FRIERIOSCLAROSIS GENERIALIZED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior K ON 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of Item 18.) OR CONTRIBLTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, streat, office bldg., atc.) Hour a.m. Not While at work DIRECTOR at work p.m. 21. I certify that (ii) (this hospital) attended the deceased from. February, 19. 19.67., and that death occurred at 3 P.M. from the causes and on the date stated above saw the deceased alive on...... ATTENDING 22b. DATE 22a. SIGNATURE STAFF FUNERAL DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS Dr. Richard C. Revnolds 804 Toll House Avenue ector, NAME (Typa) M.D. Frederick. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) P g g REMOVAL (Specify) 11-28-1967 **Mount Olivet Cemetery** Frederick, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** Frederick, Maryland DATNOV 29



DIVISION OF STATISTICAL DESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plugas 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Frêderick County MARYLAND Maryland Frederick b. CITY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN Ill outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Union Bridge Union Bridge a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Route 2 YES NO Route 3. NAME OF 4. DATE Middle Month Yeer DECEASED OF (Type or print) DEATHNOVember 20 1957 Maudie Mildred Frizell Poq 6, COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH and last birthday) Months Days Hours ğ September 15.1916 Female White WIDOWED DIVORCED [physician 10s. USUAL OCCUPATION (Give land of work 12. CITIZEN OF WHAT COUNTRY IDb. KIND OF BUSINESS OR INDUSTRY | 11. SIRTHPLACE (County & State, or fore on country) done during most of working life, even if retired) Berkeley County. W. U.S.A. Home House duties 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph D. Clark Tressa Slonaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unkown) ((If yes give wer or dates of service) No No Frizell-Union Bridge Rt. 2-Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which {b} geve rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Peri, or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work al work 19 p.m. 20 19^(o) , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... .19.9......, and that death occurred at // P.M. from the causes and on the date stated above. saw the daceased alive. ATTENDING 22b. DATE SIGNATURE SIGNED STAFF DIRECTOR PHYS. FUNERAL Page ¥ih ± 22c. PHYSICIAN ADDRESS ector, Peli 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) ÷ 2 0 St. Peter's Catholic Cemetery Libertytown Marvland Buria: 24 FUNERAL DIRECTOR'S SITENATURE ADDRESS VR A15 (4) 15M 7-62 Home-Martinsburg West Virginia

MARYLAND STATE DEPARTM





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **PLACE OF DEATH** 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) frederick o. STATE **b.** COUNTY MARYLAND b CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 0 write RURAL and give nearest tawn) g Frederick, Rural - Rochester, Minn. d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS Frederick Memorial Hospital YES X NO RFD# in Item 18. Give Pages ofter death 3 NAME OF 4 DATE Fist Midd.e Month Year DECEASED 1967 (Type or print) Mary Lynne Golberg Nov. 19 DEATH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Hours White July13. WIDOWED DIVORCED event within 72 hours ofter death 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if refired)
Student Nurse 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? Olmsted Co. Minn. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lillian Rose Nelson Harold J. Golberg WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. 7-054-5363U.S.Army Records 1B. CAUSE OF DEATH (Enter only one cause per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)), writing the word forworded to the Cl Conditions if any which gove rise to immediate couse (a), DJE TO stoting the underlying cause 19 WAS AUTOPS'
PERFORMED? PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o. removol YES X NO 20g EXTERNAL CAUSE WAS PRIMARY — OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Post of Part 1 of item 8, 3 should cremotion, 20c. TIME OF INJURY Month Day, Year (City or fown) factory, street office bldg etc.) Not While FUNERAL DIRECTOR: Page Mi Thedowok of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion Accident 19 Natural causes death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Heolth Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION 236 DATE THEREOF 0 Bull Dy Al Specify) 11-9-67 Grandview Mem. Gardens Rochester, Minn. 2Sb REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 6M 1/67 1967 Salamone Funeral Home Frederick, Md.

. 0 1 £4. • ~ * 4. ... Ç . ě ...

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, finistitution. Residence before admission) b. COUNTY Page MARYLAND CLENGTH OF STAY IN 1h c CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest tawn) gud P.M.3. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ADDRESS ON A FARM? YES NO 💢 NAME OF Year OF DEATH DECEASED (Type or print) 6 COLOR OR RACE NEVER MARRIED last hirthday) Manths Days in any event within 72 haurs after death DIVORCED 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT OCCLPATION (Give kind of work dane INDLSTRY te, even if retired) COUNTRY ? FATHER'S NAME 14 MOTHER'S MA DEN NAM (It yes give war at dates at service See Item NTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per (b), and (c) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the word DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? remaval. PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF PART 1(a) NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED WEnter nature at injury in Port I or Part II of item 18.1 3 shauld PRIMARY STOT CONTRIBLE NG CAJSE OF DEATH cremation, or (County) 20c TIME OF INJURY Manth, Day, Year (State) Not While redctory, street office b dg , etc.) While FUNERAL DIRECTOR: Page While at wark 4 19 67 21. 1 certify that I taak charge of the remains described above, held an Autopsy 1999 and in my apinian Inspection Accident 1 death resulted fram: Natural causes Sutc'de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 5 m., TO FUNERA. Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER O DEPUTY necessory, DEPLTY MEDICAL EXAMINER 1999 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specty)
Burial 11/8/67 Mt. Olivet Cem. Washington. 250. REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Home, Falls Church Wa. Church Funeral 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH EDivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COLINTY a. STATE b. COUNTY Frederick Frederick Marvland MARYLAND b CITY OR TOWN (If outside corporate I mits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) years Frederick Rural-Braddock Hgts. haur d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS and completely filled in remove carban papers: ban pape within/72 202 Rockwell Terrace Vindobona Convalescent & Rest Home NO X requires that the death certificate be executed within 3 NAME OF Middle 4 DATE Month First Lost Doy Year DECEASED OF Elizabeth 23-19 67 Cora Haller Nov. DEATH and in any event, Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Doys Hours Sept -25-1881 White Female DIVORCED WIDOWED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 100 LSLAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Homemaker Own Home Frederick Co. Md. U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal. Susan Rebecca Palmer Clayton A. Fox 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Grayson B. Haller-Jr. Walkersville, Md.21 231-10-1299D 18. CAUSE OF DEATH (Enter only one couse per line for (o) INTERVAL BETWEEN signed by the bur of-transit p rhe The ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE for ottending physician. **DUE TO** burial, Conditions, if any, which gove rise to immediate couse (a), dialka DUE TO stoting the underlying couse os the prior to b hos been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? for use Heolth NO X YES Poge 4 may be retained by the hospital or this certificate 20o ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Hour om. Not While of work of work **DIRECTOR:** After pe 3, 19 6 7 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram 19.5 3. ta 3 should I with the S 1967, and that death occurred at 11:30, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING Nov. 24-1967 DIRECTOR director, page 3

should be filed v M.D. PHYS. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type Rex R. Martin 220 N. Market St.-Frederick, Md.21701 23o. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUT 1 al Mt. Olivet Cemetery Frederick, Md. 21701 9 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERA. DIRECTOR M.R. Etchison & Son **VR A15** (Frederick, Md.2170 20 M 1/6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased kived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY Frederick
b CITY OR TOWN (If outside carparate imits, MARYLAND Maryland Frederick c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest lawn) C LENGTH OF STAY IN 15 write RURAL and give nearest tawn) Frederick Minutes Frederick popers. hiii/72 hc d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If pat in haspital, give street address) e IS RESIDENC ON A FARM? completely, filled Frederick Menorial Hospital 276 Dill Avenue YES NO 122 NAME OF Middle Last DATE Month Doy Year DECEASED (Type or print) HARRY RAYMOND HARNE. DEATH November 1907 S SEX IF LINDER 24 HRS 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7. MARRIED (ast birthday) Months Davs Haurs DIVORCED June 25, 1902 and in ony White Lale puo 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if retired) Contractor Lewistown, Frederick, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol. Шθ Lavenia Elizabeth Holt B. Frank Harne 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) i(If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 06h0 A Mrs. Agnes Harne (Same as item #2 cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), Ab), and (c). buriof-transit PART I. DEATH WAS CAUSED BY **ONSET AND DEATH** 1MMEDIATE CAUSE (a) DUE TO signed 1 Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause hos been see os the l Page 4 may be retained by the hospital or attending last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? NO T certificote 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (State) 20c. TIME OF N. URY Month, Day, Year (County) Hour a.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) to MM. C, 1967, that (1) (-) last attended the deceased from, 194.7, and that death accurred at 7:20 M, from causes and on the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 22o SIGNATURE 22b DATE SIGNED **ATTENDING** MD PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL director, po should be NAME (Type) Frederick medical Centers Fr derick, i.d. Reddick, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) Jount Olivet Cometery 111 Frederick, Maryland 0 Burial REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 L. R. Etchison & Son. Frederick. maryland DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MITH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution Residence before admission) o. COUNTY b. COUNTY Frederick Frederick Maryland Deportment of MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick Frederick d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Frederick Memorial Hospital East Potomac Street YES No fc in pencil in Item 18. Give Roges 24 hours after death NAME OF Midd e 4 DATE Month Year alang with OF DEATH DECEASED pages land2 with the Charles Hirst Mervin (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF TINDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours event within 72 haurs after death. WIDOWED male cauc. 10o USUAL OCCUPATION (Give kind of work done 106 K ND OF BUSINESS OR 11 BIRTHPLACE (State or Toreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Assistant V. Pres. Virginia please execute the certificate, writing the ward "pending" in penal in director. Page 4 should be farwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Catherine Amelia Bowers Charles Mason Hirst 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service Hrs. Mary Catherine Hirst, Brunswick, I no INTERVAL BETWEEN B CALSE OF DEATH (Enter on y one cause per line of (o), PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' DHE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS ALTOPSY PERFORMED? PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 1 of Item 18.) PRIMARY DO CONTRIBUTING CAUSE OF DEATH (City or town 20e PYACE OF INITIRY (Home form 20c IIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Not While at work foculty street, office bldg, etc." FUNERAL DIRECTOR: Page at wark Brunowwoll 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . .nguiry and in my apinion Accident Suicide X death resulted fram: Homic'de Undetermined manner Natural couses CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAM, NER DEPUTY MEDICAL EXAMINER EXAMINER'S obert J. Thomas . A.D. Address (Street, city, town, or county) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. (Stote) 23b DATE THEREOF 0 REMOVAL (Specify) Fillsboro Cemetery Lillsboro Virginia brungswick, Marylahon RECD BY REG STRAR 25b REGISTRAR S S GNATURE VR A15ME (5) Melianelas 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY Anted∫in by the fund n papers. Pages I o Amn 72 hours after d Marvland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Burkittsville Frederick DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDÊNCE ON A FARM? d STREET ADDRESS Frederick Memorial Hospital Main Street YES NOX 3 NAME OF Middle **E** First 4. DATE pan Dov Year DECEASED DANIEL ALVIN KEEFER November 24, event. (Type or pnnt) DEATH 19 67 remave car S SEX IF UNDER I YEAR 6 COLOR OR RACE 9 AGE (In years 7. MARRIED XX NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Doys Hours Male White May 30,1904 and in any WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired) physician (nen please INDUSTRY COUNTRY? Brakeman (Retired Railroad Big Cove Tannery. TISA 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME ar remayal, David Keefer Mary Mellott 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT Mrs. Goldie Keerer 16. SOCIAL SECURITY NO. Box 377, Burkittsville, Md. 217-01-1102 None crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH 1600 Most IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as the łast. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) r this cenus. KO XX 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Not While Hour 'o m. factory, street, office bldg., etc.) While ot work to Nov. . 1967, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 1965, 19 19 6 1, and that death occurred at 1000 M, from couses and an the date stated above. 22o. SIGNATURE 22b DATE SIGNED DIRECTOR PHYS. M.D director, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Frederick, Maryland Pearrey NAME (Type) Jr. 23o BURIA., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) REMOVAL (Specify) Burkittsville, Maryland Reformed Cemetery 2SO REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Ferry. W. Val

The law requires that the death certificate be executed within 24 haurs aft

Page 4 may be retained by the haspital ar attending physician.

FUNERAL DIRECTOR:

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PHYSICIAN:

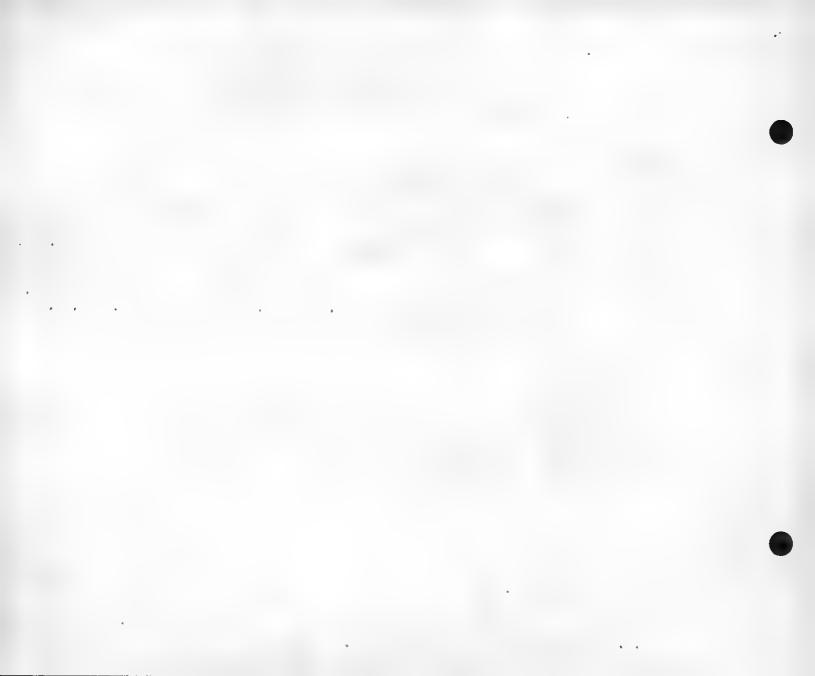
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any delay is , 2, and 3 to PM3. Page epartmental		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Trederick					Rural- Frederick				1/1			
g 7 3 3	(d NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address)					d STREET ADDRESS					e S RESIDENCE ON A FARM?		
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E SE IS	(NAME OF DECEASED		rst	Middle	Kefauv		DATE DF	Month	ember	Doy Ye	ear 67		
er d Sive	5 9	Type or print)	6. COLOR OR RACE	7. MARRIED	Richard NEVER MARRIED	B DATE OF		9 AGE (In	vents	IF UNDER 1 YI		ER 24 HRS		
This certificate should be executed within 24 hours after death licate, writing the ward "pending" in pencil in Item 18. Give Pages be farwarded to the Chief Medical Examiner's Office olong with fail be used as a burial-transit permit. File pages I and 2 with the State removal, and in any event within 72 hours after death.		Male	White	W DOWED	DIVORCED		3-1904	63 bil	rthday)	Months D	ays Haurs	Min		
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INER: This certificate should be executed within 24 hours after a certificate, writing the ward "pending" in pencil in Item 18. Give should be forwarded to the Chief Medical Examiner's Office olong filles. 3 should be used as a burial-tronsit permit. File pages I and 2 with this, or removal, and in any event within 72 hours after death.		PRIMARY (or CO) CAUSE OF DEATH.	NTRIBUTING 🗆	M	one	,								
MEDICAL EXAMINER: slease execute the certification of the certification	MEDICAL		JRY Month, Doy, Year			PLACE OF INJU	RY (Home, form, office bldg., etc.)	20f (City of	town)	(Count	у)	(Stote)		
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o De fine f	23 c	BURIAL, CREMATIC	ON, 23b DATE TH	IEREOF	23c NAME OF CEMETERY			3d LOCATION ((Stote)		
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VR A15ME (5)	24	M.R.Etch	ison & Son	X 7.]	rederick, Md	.21701	DATNOV 1	4 1967	25b REC	SISTRAR S SIGN	Judge	M.		





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	in 24 hours after deal	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM?	
	cuted within 2 simpletely filler ve corbon par event, within	3 NAME OF First Middle Lost 4. DATE Month Doy Year	
	low requires that the death certificate be executed within nding physician. been signed by the ottending physician and completely fillers the burial-transit permit. Then please remove carbon, is the burial, cremation, ar removal, and in any event, within it is burial.	PECEASED (Type or print) EDNA MAUDE KERCHNER DEATH 767, 5 1967	7
	npie s co	S SEY A COLOR OF PACE 1.7 MADDIED [7] NEVER MADDIED [7] B DATE OF RIPTH 9. AGE (ID years IF UNDER 1 YEAR IF UNDER 24 H	
	con nover	FOR WIDOWED DIVORCED WORKED WIS MONTHS DOYS Hours MI	ii1
	ote be exection ond co	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT	
	the E	during most of working life, even if striped) INDUSTRY Triderick, Co. M. il. 5. A.	
	ifico hysic al, a	13. FATHER'S NAME	
	cert The pl	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address	
	anth mit or re	(Yes, no, or unknown) \((If yes give wor or dates of service)	
	equires that the death certificate be ex physician. signed by the ottending physicion ond burial-fromsit permit Then please rem burial, cremation, ar removal, ond in an	18 CALLS OF DEATH (Foter only one course per line for (n) (h) and (c))	
	the the sit	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	
	in to the second	DUE TO A TO	
	physician. physician. signed by buriol-tro	Conditions, if any, which gove (b) Welling clustic CVD, congetture 10 year	レ
	o bu	stoling the underlying couse DUE 10 Magacaythal facult	
	V: The low re or attending ore has been r use as the solth prior to	Dost. (t) (t) (t) (The repulsion of the province to neath B. It not printed to the terminal disease condition given in part I(a) (19 WASAUTOPSY	=
	The otte hos se o's th pr	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?	
	Or or or or use of the order	Other occurs amountated left lex and things YES NO 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of ning)	4-1-
	OR ATTENDING PHYSICIAN: The low rebe retained by the hospital or attending DIRECTOR: After this certificate has been le 3 should be detached for use of the ed with the State Dept. of Health prior to	20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING EACH CENTER OF THE CONTRIBUTION	
	HYS hos is ce ache ept.	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote	;}
	at in the contract of the cont	Hour o m Not While of work of work of work of work	
	DDIN J by Affe J be S S to	21. I certify that (1) (this hospital) attended the deceased fram Quest, 19 48, to 5 Mar, 1967, that (1) (we)	
	OSI CAR	saw the deceased alive an 19/127, and that death occurred at 11/33 M, fram causes and an the date stated ab	ave.
	OR ATTENDING be retained by it JIRECTOR: After i e 3 should be d ed with the Store	220 STONATURE M.D. ATTENDING MED STAFF 1/6/6/7	
_	y be	22c, PHYSIGIAN'S 22d ADDRESS	
	mo mo	NAME (Type) JAMES E. STONER, JR. WALKERSVILLE MA. 2173	
	Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230. BUR AL, CREMATION, PEMOVAL (Specify) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (Stote)	/
	5 5 5 5	Bering 1118/6/ MUSTERS CRUL. WITTERNEY JACK ME	2
	VR A15 (4) 43 -	NOV 9 1961 Clientes Survey	*
	25M 1767 2	J. C. Barlon, Walkersville; Mr. DATE	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH :5390 law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased eved, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY Frederick Maryland Frederick MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate mits, papers Pag hin 72 Laurs write RURAL and give neorest town) Fraderick vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENC ON A FARM Frederick Memorial Hospital 362 Catoctin Avanue YES NO 🕞 3. NAME OF Middle DATE Month Year DECEASED OF DEATH Virgie V. (Type or print IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** birthdoy Months Hours Oct .2-1889 White WIDOWED DIVORCED 10b KIND OF BUSINESS OR 100 USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) COUNTRY? INOUSTRY U.S.A. Frederick Co. lad. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Julia Miller Joseph B. Hummer Address Frederick, 1D. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, prunknown) (If yes give war ar dates of service) 216-14-5652 irs. Viola Stewart-362 Catoctin ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lung for (a), (b), and (c): burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DIJE TO stating the underlying couse has been the last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS) PERFORMED? ad far use af Health r NO O FUNERAL DIRECTOR: After this certificate the hospital ar 200 ACC DENT WAS UNDERLYING 205. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detorhed (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) ((ounty) Hour o.m Not While foctory, street, office bidg., etc.) at work ot work 1927, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. TO HOSPITAL OR ATTEND Page 4 may be retained Zand that death accurred at 2:412M, from causes and an the date stated above saw the deceased alive an 22b. **DATE SIGNED** 220 SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS 22d. ADDRESS 27c. PHYSICIAN'S Prof. Blog. - Frederick, ad. 21701 NAME (Type) Bernard O. Thomas. Jr. director, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BUR AL, CREMATION (Stote) BREMOVAL (Specify) Nov.10-196 It. Olivet Cometery Frederick. lid. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) Frederick; 196 DATENOV 9 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15391 CERTIFICATE OF DEATH deoth. puo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY g_STATE Frederick Maryland Frederick OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND b (ITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frecorick c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Days Rural - Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2503 Blue Stone Circle NO Ex Frederick Comorial Hospital 3 NAME OF Middle 4 DATE Month Year DECEASED ETHEL LENHART 19 67 (Type or print) MARY DEATH November S. SEX 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE (n years JE UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** last birthday) Months Haurs and in any WIDOWED DIVORCED October 30, 1923 White Female 10a USLAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U.S.A. INDUSTRY Housewife Lapel, Indiana 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, ar remayal, Bertha Milburn Edgar D. Bowlus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address James D. Lenhart (Same as item #2) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH COSCILLANDO IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as been s as the t prior tat PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS'
PERFORMED? NO K CLVV DY (331) 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part as Part II of item 18.) detached fr te Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Haur o.m. factory, street, affice bldg, etc.) Not While ot work at wark , 19 6 7, ta 71/1/67, 19 that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased fram..... , and that death accurred at 122-PM, from causes and on the date stated above. saw the deceased alive an 11/1/67 19 O FUNERAL DIRECTOR: 22a SIGNATURE & 22b DATE SIGNED STAFF PHYS. director, page 3 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 804 Toll House Ave. Frederick, Ad. A. Austin Pearre, Jr. 23o. BUR AL CREMATION 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Frederick, Maryland Frederick Memorial Park 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67

Etchison & Son, Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STA PLACE OF DEATH-2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on) o COUNTY MARYLAND C. LENGTH OF STAY A To c CITY OR write RURAL and give neorest town) pup e IS RESIDENCE ON A FARM? d. STREET ADDRESS INSTITUTION (If not in hospital, dive street address) form NO 🔀 hours ofter death 3 NAME OF 4 DATE Lost Day DECEASED Type or pont) DEATH AGE IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED w thin 72 hours ofter death W DOWED DIVORCED 10b KIND OF BUS NESS OR fore gn country 12 CITIZEN OF WHA OCCUPATION IG ve kind of Jvork done penci 16. SOCIAL SECURITY NO. (Yes, no or pknown) (If yes give wor or dotes of service INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (a) (b) and/k)) ONSET AND DEATH PART I DEATH WAS CAUSED BY event IMMEDIATE CAUSE (o) writing the word DUE TO ond in ony Conditions, if ony, which gove should be forwarded to rise to immediate cause (a). DUE TO storing the underlying couse 19 WAS AUTOPSY PART I OTHER SION ELEANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART HOL or removol, CERTIFICATION PERFORMED NO 20o EXTERNAL CAUSE WA 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of intry in Port 1 or Port 1 of Item 1B) 3 should PRIMARY I or CONTRIBUTING CAUSE OF DEATH MEDICAL 201 (City or town) (Stote) 20c TiME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (County) foctory, street, office bldg., etc.) Not While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Induiry the funeral director. death resulted from Natural causes Su cide Homicide Undetermined monner Accident may be retained 5 may be retaine

TO FUNERAL DIRE

Heo'th prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MED CAL EXAM NER **EXAMINER'S** Address (Street, city, town, or county) NAME .Type) 23d LOCATION (City or Town) (County) ADDRESS 250 REC D BY REGISTRAR 25b REG STRAR S SIGNATURE VR A15ME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15398 16593 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death eath the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Frederick Frederick a, STATE Maryland MARYLAND b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (if outside carparote mits, write RURAL and give nearest town) write RuRAL and give negrist town) Braduock Heights Months Jefferson d NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) e IS RESIDENCE ON A FARM? completely filled in d STREET ADDRESS cremation, ar removal, and in any event, within 72 YES NO W Vindabona Nursing Home Jefferson attending physician and completely formit. Then please remove carbon 3. NAME OF Middle 4. DATE Manth First Lost Dov Yedr DECEASED OF INTHICUM (Type or print) LLOYD GASSAWAY DEATH November IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** 78 birthdoy) Months Doys Hours October 26, 1889 WIDOWED DIVORCED White Male 10a USUAL OCCL PATION (Give kind of work done 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Clarksburg. Maryland U. S. Retired Operated Motel 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha Elizabeth Best George F. Linthicum 15. WAS DECEASED EVER N U.S. ARMED FORCES?
(Yes, no, or unknown) I(If yes give wor or dotes of service) 17. INFORMANT 16 SOCIAL SECURITY NO permit. 05h 16 6616 A G. Best Linthicim, Beallsville, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO a. L. & Trucare. Conditions, if ony, which gove (b) nse to immediate cause (a), DUE TO stating the underlying couse **DIRECTOR:** After this certificate has been ge 3 should be detached for use as the iled with the State Dept. of Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS ALTOPSY PERFORMED? director, page 3 should be detached for use should be filed with the State Dept. of Health NO Se 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) of work of work 2.5. 1967 that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased from. 1965, 10 1967, and that deoth occurred at 0:15 MP from couses and on the date stated above. saw the deceased alive on. 22b OATE SIGNEO 22o. SIGNATURE ATTENOING 显 Nov. 27. 1967 M.D. PHYS PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Jefferson, Maryland A. T. Brice, M.D. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify)
Burial Neelsville Cemetery Nr. Germantown baryland 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR FERELLA VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY Frederick Marvland MARY, AND after E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) o CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) 24 hours Frederick Frederick vears the attending physician and campletely filled in sit permit. Then please remaye catbon-sapets. d. STREET ADDRESS e IS RESIDENCI d. NAME OF HOSPITA, OR INSTITUTION (If not in haspita, give street address) ON A FARM Frederick Memorial Hospital 1604 W. 7th. St. NO K law requires that the death certificate be executed within NAME OF Middle DATE First Day Year DECEASED MICHBOUSE MILTON DEATH November (Type or pnnt) IF JNDER I YEAR IF UNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED 3 8 DATE OF BIRTH NEVER MARRIED last birthday) Davs Haurs Aug. 24-1919 Wale White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a. USUA, OCC. PATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** Hagerstown-Wash.Co. Md. U.S.A. Sales Representative Wholesale Grocery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Wm. Rush Millhouse - deceased Ethel Davis- living IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Frederick. Md. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor at dates of service 214- 09-9614 Mrs. Claudia H. Millhouse-1604 W.7th.St.-Yes War INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause has been the last. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES AF NO this certificate b 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd IN!HRY OCCURRED 20e, PLACE OF INJURY (Home, farm, ((ity or town) (County) factory, street, office bldg., etc.) Haur a.m. Nat While at work O FUNERAL DIRECTOR: After at wark 1965 , 19Vov 2-2). I certify that (1) (this haspital) attended the deceased fram_ 182, that (I) (we) last August be retained saw the deceased alive an and that death accurred at 7:45 M, from causes and on the date stated above. 22g. SIGNATURE 22b DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS. directar, page shauld be filed 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Gilcin F. Meadors Toll House Ave.-Frederick, Md.21701 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION, (County) REMOVAL (Specify) Burial Nov. 6-1967 Mt. Olivet Cemetery 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Frederick, Md. 21701 20 M 1/66 DATENION



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301 W. CERTIFICATE OF DEATH 15395 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission COUNTY o STATE **b** COUNTY Montgomery PHYSICIAN; The law requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside corporate miles c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Write RURAL and give nearest town) Poolesville 2110 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? papers and in any event, within 72 Route #1 YES NO NAME OF remave carbon Ferst. 4 DATE Month Day Yeer DECEASED JIDEATH Franklin Thomas (Type or print) S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED AGE (In years lost birthdoy) Months Doys Hours Ovember 15,196 WIDOWED DIVORCED pup 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stoty, or foreign country) physician a nen please during most of working life, even if retired) INDUSTRY Frederick, MAryiA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, omas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 17 INFORMANT 16, SOCIAL SECURITY NO permit. 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burnal-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH RES PIRATORY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a), **DUE TO** ertificate has been s and far use as the b af Health priar to b stoting the underlying couse fost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION 3 NO YES certificate 200 ACCIDENT WAS JNDERLY NG . 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH be detached State Dept of (F EITHER NOTIFY MEDICAL EXAMINER) 20c TME OF NJJRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or Iown) (County) (Stote) MED Hour om. While Not While factory, street, office bldg etc.) DIRECTOR: After at work of work 19 67 that (1) (we) lost 21 I certify that (1) (this haspital) attended the deceased from director, page 3 should should should be filed with the 67, and that death accurred at 2:45M, from causes and on the date stated above. sow the deceased olive on 220 SIGNATURE 22b DATE SIGNED STAFF M D DIRECTOR 22c PAYSKIAN'S NAME (Type) 22d ADDRESS O FUNERAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) REDGEICK MEMORIAL TO. HOSP 24 SUNERAL OIRECTOR 2So RECD BY REGISTRAR 25b REGISTRAR'S S GNATURE VR A15 (4) Mil wayer By 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15396 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ived, if institution Residence before admission) o. COUNTY -/ a STATE b COUNTY MARYLAND c. LENGTH OF STAY IN 16 (If autside corporate limits. (CITY OR TOWN (if outst-de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO YES NAME OF First Day Year DECEASED OF DEATH USAN (Type or print) remave car S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR F UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (In years last birthday) Months Hours and in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retiged) INDUSTRY COUNTRY ? House wil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burias, crematias, or remayal, INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) INTERVAL BETWEE transit PART I DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO burial 1 Conditions, if ony, which gave use to immediate cause (a), DUE TO stating the underlying cause last. PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO . this certificate 20a ACCIDENT WAS UNDERLY NG 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 29e, PLACE OF INJURY (Home, form, 20f (City or town) (State) (County) Hour 'a m. factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this haspital) (attended the deceased from 1967, that (1) (we) last . 19_60 ta 19 67, and that death occurred at 2151M, fram causes and an the date stated above DIRECTOR: saw the deceased alive an 22g SIGNATHRI 226 DATESIGNED ATTENDING MED DIRECTOR director, page 3 shauld be filed v M.D PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN'S TO FUNERAL NAME (Type) 230 BURIAL CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote 24 FUNERAL DIRECTOR 256. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) PLACE OF DEATH b COUNTY FREDERICK o. STATE a COUNTY FREDERICK MARYLAND after CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b 24-hours Rural Frederick 2 da d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM R.D. Fredeick Hospital Memorial YES T NO F Frederick The law requires that the death certificate be executed within Middle 4. DATE Month 3. NAME OF Lost Doy ar remaval, and in any event, witl please remave carban campletely 1967 DECEASED Nov. II. REESE ROGER HOWARD DEATH (Type or print) IF UNDER 24 HRS B. DATE OF BIRTH AGE (in years S SEX 6. COLOR OR RACE NEVER MARRIED 7 MARRIED lost bythdoy) Manths Haurs Male White Sept. WIDOWED DIVORCED 12 CITIZEN OF WHAT TOo USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) EDUNTRY? U.S.A during most of warking life, even if retired) INDUSTRY Magerstown Washington Automobile Mechanic 13. FATHER S NAME REESE E. HOWARD 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) [(If yes give war or dates af service) Reese. Frederick R. D7 MD 215-36-6082 Elma crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line (per(a), (b) and (c),) DASET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY EMM13 IMMEDIATE CAUSE (a) ģ DUE TO signed 1 Conditions, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying cause as the prior to b Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use NO A To. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) 20g ACC DENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20e PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. Not While factory, street, office bldg., etc.) OR ATTENDING at wark 21. I certify that (I) (this troupital) attended the deceased fram 3 should M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. ATTENDING DIRECTOR director, page 3 should be filed v 22d ADDRESS 22c PHYSICIAN'S Hughes Frederick Robert NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23g BURIAL CREMATION. REMOVAL (Megfy) Cem. raderick, F.dk.Co Mt. 011 ve VR A15 (4) DATE NOV Thurmont. MD 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Frederick e. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 1204 Beechwood Drive YES NO A 3. NAME OF 4. DATE Middle pap DECEASED (Typa or print) DEATH MARY I. SCARFF 19 67 November 26. and cor withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR) IF UNDER 24 HRS. lest birthday) | Months Female 28 Nov 1881 Hours event White WIDOWED K DIVORCED [certificate physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) At Home Frederick County, Md. House-work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ attending John H. Ogle C. Rebecca Madery • 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 101 ASten VanBuren St. removal, (Yes, no, or unkown) | (If yes giva war or detas of sarvice) Mrs. Bowie J. Waters, Rockville, Md. 20850 None by the permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH or PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) **burial-transit** attending Conditions, if eny, which geve rise lo immediate ceuse **DUE TO** (a), stelling the underlying couse lest. t pe hospital or certificate PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? NO X prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) DIRECTOR: Affect Stould be detach lectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from...... 45A from the causes and on the date stated above saw the deceased alive on..... and that death occurred at ATTENDING 220. SIGNATURE 22b. DATE Nov 1967 STAFF DIRECTOR death. Page 4 M.D. with t HOSPITA 22c. PHYSICIAN'S 22d. ADDRESS James B. Thomas, M. 228 N. Market St., Frederick, Md. 2170 ector, filed v 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) P. g. g 11/30 Mount Olivet Cemetery Frederick, Md. 21701 24 FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Md. 21701 VR A15 (74) 20M 5

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15399 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Frederick Maryland Brederick MARYLAND b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town)

Trederick c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) New Market d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Frederick Mem. Hospital YES 🗌 NO NAME OF Middle First DATE Doy DECEASED (Type or pnnt) DEATH 19 61 S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Male Colored WIDOWED & DIVORCED May 19.1880 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IDb. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? New Market .. Md. Laborer-Road construction TISA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Sewell Mary Simpson IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO 17. INFORMANT Irving Fossett 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE DUE TO Conditions, if only, which gove rise to immediate cause (a), DUE TO storing the underlying couse lost. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o ACC DENT WAS UNDERLYING ... 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 1967, to 29 NOV, 1967, that (1) (we) last

21 I certify that (I) (this hospital) attended the deceased from 18 Nov., 1967, ta 27 Nov., 1967, that (I) (we) last saw the deceased alive an 27 Nov., 1962, and that death accurred of 364 M, from causes and on the date stated above.

M.D.

PHYS.

22g_SIGNATURE

NAME (Type)

TK THEREOF

OF 23c NAME OF CEMETERY OR CREMATORY

ADDRESS /

MED STAFF
DIRECTOR PHYS

23d LOCATION (City or Town)

22b. DATE SIGNED

29/20V 6

230 BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

AL, CREMATION, 23b. DATE THEREOF

Olin L. Molesworth,

ADDRESS Cemeters

2So. REC'D BY REGISTRAR

New Market Md.

VR A15 (4) 25M 1/67

The law requires that the death certificate be executed within 24 hours after death.

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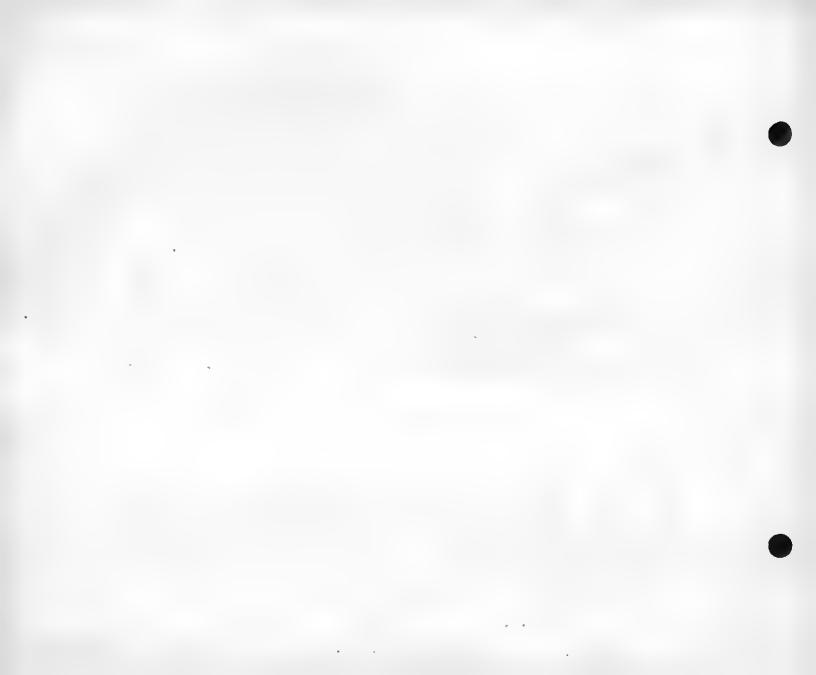
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Page 4 may be retained by the haspital ar attending physician.

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Peliarles Judge



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1	PLACE OF DEAT	Н				2. USUAL RESIDENCE a. STATE	E (Where deci	ased lived, If Inst		nce before admission)
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	b. CITY OR TOW Write RURAL	N (If outside corpo end give nearest t	orate limits, town)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF			to RURAL ONG	give nearest town)
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3	NAME DF DECEASED		First	Middle		Last	4. DATE	Month	De	ey Yeer
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		DEATH [Enter only EATH WAS CAUSED		line for (a), (b), and (c)).]	1 1	1.		IN OI	TERVAL BETWEEN NSET AND DEATH
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CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF D TIFY MEDICAL EXA	EATH MINER)	DESCRIBE HOW INJUR	RY OCCUR	RED. (Enter nature of	injury in Pa	rt I or Part II of	Item 18.)	
2	20c. TIME OF	INJURY Month, Da	y, Year 20d.	INJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (City or town)	(County)	(State)
MEDICAL	Hour a.i		While at wo	o C 1401 Willia C 1	raciul	t's en cer's autre ning-1 e	,	. /		
		fy that (11) (this h		ded the deceased fr	om	1961 1	9, to_	11/25/6	7, 19,	that ((we) last
	saw the de	ceased alive on_				death occurred	M, fro	m the causes		ate stated above
	22a. SIGNAPO	RE	11/1	min on the		ATTENDING —	MED. —	STAFF -	22b. DATE :	SIGNED
	22c. PHYSICI	tary 1	1 July	mayed	M.D.	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	11/2	14/
	NAME (T		eorte L.	Moringstar	•	Thrite	burg, '	aryl and		
	3a. BURIAL, CREA REMOVAL (Sp PUTT 1]	ecify) Nov.	TE THEREOF	23c. NAME OF CE		h's Catholi	c Train	CATION (City, to	rederi	ck Co.Md.
1	14. PUNERAL DIKI	DIL nice	8 1/10	//	tehu	MOV		367 PC	lanely	Indal.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before parmission) o. COUNTY o. STATE b. COUNTY Maryland Frederic
C CITY OR TOWN (f outside carporote limits, write RURAL and give neorest tawn) Frederick MARYLAND Frederick delay b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c JENGTH OF STAY IN 16 New Market 20 years New Market e IS RES DENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS New Market P.O. Md Item 18. Give Pages N ew Market P.O. Md ofter death 3. NAME OF Tast DATE alang with DECEASED the (Type or print) W1177 iam Simms jr DEATH Thomas Nov IF UNDER 1 YEAR S SEX AGE (n years IF LINDER 24 HRS & COLOR OR RACE NEVER MARR ED X 7 MARRIED lost birthdoy) Months Dovs Hours haurs WIDOWED DIVORCED 4-7-1913 Male Negro

10a JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS Construction Labor Maryland pencil i 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Bessie Johnson William T.Simms.Sr and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOC A. SECURITY NO Address be executed (Yes, no, or unknown) (If yes give wor or dates of service) remayal. 579-12-2740 Grace Lyles Holsey Rd, Damascus, No IB. CAUSE OF DEATH (Enter only one couse per luge for (a), (b), and (c) INTERVAL BETWEEN **burial-transit** PART I DEATH WAS CAUSED BY ONSET AND DEATH 10 IMMEDIATE CAUSE (o) This certificate should writing the ward DUE TO Conditions, Fony, which gove (b) ase to immediate couse (o), farwarded to DUE TO storing the underlying couse 0 00 PART II OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BULLAOT RELATED TO THE TERM HAL DISEASE CONDITION G VEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? YES 📑 NO please execute the certificate 2 20o EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.1) designated agent, priar EXAMINER: CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While of work at work 21. I certify that I taak charge of the remains described obave, held on Autapsy Inspection 🔀 and in my aginian Accident . Suicide the funeral directar. death resulted from Natural couses Hamicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY ď DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** Robert J. Thomas. M.D. Health (NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. OCATION (City or Town) (Stote) 50 REMOVAL (Specify)
Burial Simpson Church 11-9-67 New Market Fred 24 FUNERAL DIRECTOR VR A15ME

Charles E. Hicks, 111 Frederick, Md



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 3462 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institut an: Residence before admission) signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carban papers. Pages I and PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, Thurmont rural 2 weeks d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Mountaindale 1201 E. Patrick St. YES NO. requires that the death certificate be executed within 3 NAME OF 4 DATE Year DECEASED OF DEATH Daisy Phoebe Smith 1h67 Nov. IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years **NEVER MARRIED** (Bidirthdoy) 6-15-1878 White Female DIVORCED WIDOWED 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done COUNTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Waldeck Mort Samuel Frederick.M Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no, ar unknown) (If yes give war or dotes of service) 1201E. Pat. 219-07-21L8B Charles Coleman Mrs. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DHE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO tar use as the ! Health prior to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While 21. I certify that (1) (this haspital) attended the deceased fram. be retained should and that death occurred of a PM, from causes and an the date stated above. sow the deceased alive on... 22b. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, por Bldg. B.O. Thomas. Prof. Frederick. Md. 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Frederick, Md. 11-17-67 Olivet Cem. Mt. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb Raymond VIII A15 (4) 20 M 1/66 Thurmont. Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH



13403

ON A FARM?

Year

1967

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

NO F

YES

Dovs

12 CITIZEN OF WHAT

U.S.A.

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTYo. COUNTY Virginia 0 deloy is Frederick MARYLAND b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (floutside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN IN ond P.M3 Aldie Frederick d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) Frederick Memorial Hospital R.F.D #1 hours ofter death 3 NAME OF 4 DATE Month M.ddle Lost DECEASED Smith November Sel Dee (Type or print) Jenny DEATH 9 AGF (In years 1F LINDER 1 YEAR 8. DATE OF BIRTH lond 2 with 6 COLOR OR RACE NEVER MARRIED X 7 MARRIED birthdoy) Months tem 18 0 DIVORCED August 30, 1949 hours after death White MIDOWED Female 11 BIRTHPLACE (State or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Virginia. This certificate should be executed within 24 Chief Med col Examiner's Student pages 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME pencil Eleanor Deibl Clarence D. Smith 17. INFORMANT 22athh & 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service) Mr. Clarence D. Smith, Aldie, Virginia event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE e, writing the word forworded to the Ch DUE TO ýno Conditions, if ony, which gove use to immediate couse (a). Ξ stoting the underlying couse fast PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 100 removol, pleose execute the certificote, 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Part 1 of item 18) 3 should PRIMARY SLOT CONTRIBUTING Ö should CAUSE OF DEATH cremation, 20e. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year **A** foctory, street, office bldg. etc.) Not While 11-8 1967 at work Jahran of work 21. I certify that I took charge of the remains described above, held an Autopsy 21. Inspection Acc dent 14 Su cide Homicide death resulted from: Notural causes . d rector CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Health prior FUNERAL

19 WAS AUTOPSY PERFORMED? NO X Inquiry and in my opinion Undetermined manner 22. DATE SIGNED DEPUTY MEDICAL EXAMINER TY **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, DATE THEREOF Falls Church, Virginia National Memorial Park 25b REGISTRAR S S GNATURE 250 REC'D BY REG STRAR 24 FUNERAL DIRECTO neliantes Homes, Inc., Alexandria, Funeral Demai/ae

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. or papers Page 1 and when the funeral or papers Page 1 and within 72 hours offer dead PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission a. COUNTY o. Slate Maryland Frederick c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) r. TENGTH OF STAY IN 15 Frederick derick NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARMS 136 E. 5th. Street NO 3 YES 🗀 NAME OF DATE Year signed by the attending physician and campletely burial-transit permit. Then please remove carbar DECEASED lovember Sue (Type or print) Karen 6 COLOR OR RACE IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Months Days overbel 17,194 10a USJAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) Frederick, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 43 TATHER S. NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates at service None Billy Lee Snoots (Same as item #2) IB. CAUSE OF DEATH (Enter only one cause per line for (b) and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending as the priartal has been tast ed for use as t af Health priar 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES X NO O FINERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur o.m. Not While factory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this hospital) attended the deceased from Narante 17, 19 to Normal 18, 1967, that (1) (we) lost saw the deceased alive on Narante 18, 1967, and that death occurred at 3.36 M, from causes and an the date stated above. 3 shauld director, page 3 shauld shauld be filed with the 22a. SIGNATURE 22b., DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick Medical Center, Frederick, Md. Koenigsberg, M. D. 23b DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMATION, (Stote) REMOVAL (Specify) Nov. 20,1967 Mount Olivet Cemetery Frederick, Maryland
LEGISTRAR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Soull IN ADDRESS Frdelies VR A15 (4) 20 M 1/66 M.R. Etchison & Son. Frederick. Maryland DATE





1	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
V	4 5674		CERTIFICATE OF DEATH					
	death.		1. PLACE OF DEATH 1.2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission					
	after start and	-	e. COUNTY FREDERICK MARYLAND D. GITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)					
_	in by		FREDERICK GUTYS INVININ BRIDGE KURAL					
	filled 1.		d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) MEMCRIAL HCSPITAL BUCHER JCHN RD VEST NO PROPRIEST NO P					
	vithin- letely rbon , with		3. NAME DF First Middle Last 4. DATE Month Day Year					
	ompl ompl vent		(Type or print) WILLIAM HARRY SPURIED SO DEATH NOV 2 1967 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 14 PARIED 19. AGE (IN YEAR) 19. AGE (
	PHYSICIAN: The law requires that the death certificate be executed within 24 h the hospital or attending physician. This certificate has been signed by the attending physician and complete filled detached for use as the burial-transit permit. Then please remove carbon papers better to fleath prior to burial, cremation, or removal, and in any event, within 72.		M WIDOWED DIVORCED MAY 7 - 1901 Loc yrs. Months Days Hours Min.					
	be cian ase I		1Da. USUAL OCCUPATION (Give kind of work done ountry) 12. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION (Give kind of work done in Dustry) 12. CITIZEN OF WHAT COUNTRY?					
	ate hysi	-	13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME					
	ng p Inen mov:		CHARIES SPURRIER SALLY EBBERT					
	cendi cendi it. l		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service)					
	leath e att oerm ou, o		NO 215-07-5017 ANNA SPLRBIER UNION BRIDGE M.					
	he o y the sit p mati		18. CAUSE DF DEATH Enter only one cause per line for (a), (b), and (c). } INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH					
	riat t		PART I. DEATH WAS CAUSED BY: URIN'ARY TRACT INFECTION UNSET AND DEATH IMMEDIATE CAUSE (a)					
	hysid hysid sign rrial		Conditions, If any, which \					
	quirang b		gave rise to Immediate (10)					
	w re endi	- 1	underlying cause last. (c)					
	r att r att te ha		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED?					
	al olifical	1	GENERALIZED ARTERIOSCLEROS/3 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.)					
	cert cert cert ched ot. of		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	PHYS the I this detac		2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Db. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 At work at work at work					
	NG by be Stat							
	OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat		21. I certify that (1) this hospital) ettended the deceased from 10/36, 1967, to 1/3, 1967, that (1) two lass saw the deceased alive pour 1967, and that death occurred at 5.5 M from the causes and on the date stated above					
	reta CCTO Sp. Sp.		saw the deceased alive bn 77 2 19 7, and that death occurred at 7 m, from the causes and on the date stated above					
	DIRECTOR		Cechard & Payrolds, M.D. ATTENDING & MED. STAFF 11/3/67					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 h Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery-filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers mould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	-	22c. PHYSICIAN'S NAME (Type) BICHARD C-REYNOLDS FREDERICK M.D.					
	Page Page Fig.		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
	5 5 = (BUBLIFT NOV 5-1967 LUTHERAN UNIONTOWN MD					
	JAN		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	VR AL5 (4) 20M 1/65	2	DA Hartzler Y Sono Union Dridge DATENOV 6 1967 getwarter grantes					
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND 24 hours after b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Thurmont Thurmont Vrs. filled in papers ø IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS within 72 filled 2h Blue Ridge Ave. Home Own NO DE requires that the death certificate be executed within 4. DATE 3. NAME OF Middle Month Year leose remove carbon DECEASED Nov . 30 67 Alice Stull La 19 Type or print) DEATH F UNDER 1 YEAR IF UNDER 24 HRS DATE OF SIRTH AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED ast-birthday) Manths 11-30-1912 Female White WIDOWED D-VORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of warking life, even if retired)
Housewire INDUSTRY Bennsylvania Home Own 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-tronsit permit. Then remova Unknown Hilda Carlson 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? JA SOCIAL SECURITY NO. (Yes, no, grunknawn) (If yes give wor or dates of service) 5 Stanley W. Stull Thurmont, Md. 216-UL-5079 0 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immed ofe cause (a). DUE TO stating the underlying cause hos been lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 CERTIFICAT TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home form, (City or fown) (County) (State) 20d, INJURY OCCURRED 20c, TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While at wark at work be retained by þ 21. I certify that (1) (this hospital) attended the deceased from. _____, to_ 11/30/6019 , and that death occurred at MAM, from couses and on the date stated above saw the deceased alive on____ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Thurmont, Md. Thomas A. Love NAME (Type) director, plnods 23d LOCATION (City or Town) (Co 23c. NAME OF CEMETERY OR CREMATORY. 23o. BURIAL, CREMATION 23b. DATE THEREOF United Brethren Cem 12-3-67 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** Creager E. Creage: Thurmont, Raymond 1967 DATEDEC



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) O COUNTY Frederick o STATE b COUNTY Frederick delay is and 3 to Mary Land MARYLAND deat b CITY OR TOWN (f outside corporate limits, C LENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write Rugad ove negrest town) rick P.M.3 Frederick Rural vear d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? with n 72 haurs Route # 6 Route # 6 NO X Item 18. Give Pages Office along w.th for 24 hours ofter deoth. 3 NAME OF Middle Erst Lost 4 DATE Month Dov DECEASED **JESSE** OF November 67 ELTE TOBERY 16. (Type or pnnt) DEATH 5 SEX B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Hours White Male October 31,1887 WIDOWED DIVORCED IC lond 2 event 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT TDo USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR Ret. Railroad Employee None Frederick County. Md. poges I 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME be executed within Otha Toberv Emma Derr pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOC A. SECURITY NO (Yes, no or unknown) (If yes give war or dates of service removal. 213-09-7207 Mrs. Betty Carev 41 E. Patrick St. Fred. Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY ol-fransit ONSET AND DEATH oľ IMMEDIATE CAUSE (o) This certificate should cremation, **DUE TO** forworded to the Conditions, fony, which gove rise to immediate cause (a). DUE TO stating the underlying cause burior, (19 WAS AUTOPS PART 11. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO K 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Port 1 or Port 1 of tem 1B.) designated agent, prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 2Dc. I.ME OF INJURY Month, Day, Year 2Dd JAJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) ((ounty) (Stote) Hour o.m. foctory, street, office bldg , etc.) While Not While may be retoined for your FUNERAL DIRECTOR: Page at work at work 21 I certify that I took charge of the remains described above, held an Autopsy [7] Inspection Inquiry and in my apinion death resulted fram: Natural causes Accident . Suicide Hamicide Undetermined manner the funerol d rector CHIEF MEDICAL EXAMINER TO FUNEN.
Health or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | Frederick. Md EXAMINER'S Dr. Robert Thomas M.D. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 25b. REGISTRAR'S SIGNATURE 25o, REC D BY REG STRAR Thorney Judge VR A15ME (5) Dalley 6 Frederick. Marylandan NO 6M 1766

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15409 15408 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY n. STATE b. COUNTY Frederick
b CITY OR TOWN (If ourside carporate limits, write RURAL and give nearest town) MARYLAND Maryland Frederick c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 requires that the death certificate be executed within 24 haurs life Frederick Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENC d STREET ADDRESS ON A FARM? NO Y 108 Carver Apt YES 1 Frederick Memorial Hospital Wars NAME OF the attending physician and campletely find sit permit. Then please remove carbon, crematian, ar remaval, and in any event, wi DECEASED (Type or print) November Elizabeth Thirman DEATH Frances 9. AGE (n years lost birthday) S SEX B. DATE OF BIRTH IF JADER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Davs Hours WIDOWED 7-13-1919 Femala Negro 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? LOOK 13. FATHER'S NAME ع المعادمة والمعادمة Frederick Ma 14. MOTHER'S MAIDEN NAME Mary J. McKenney Walston H. Ingraham 17 INFORMANT WAS DECEASED EVER IN U.S ARMED FORCES? 36. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates of service Turner 108 Carver Apt Fred, Md 219-20-1716 Ernest 45-35-35-36-36-36 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c),) signed by the burial-transit p ONSEPAND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave r'se to immediate cause (a), DUE TO far use as the b stating the underlying couse Page 4 may be retained by the haspital ar attending has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? director, page 3 should be detached for use should be filed with the State Dept. of Health YES 🖂 NO this certificate 20o ACCIDENT WAS JNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.) at work at wark O FUNERAL DIRECTOR: After , 1962, ta WV , 24 , 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1967, and that death accurred at 10:35 PM, fram causes and an the date stated above saw the deceased alive on. DATE SIGNED 22a. SIGNATURE> STAFF PHYS. **ATTENDING** M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S (enter. Frederick MD NAME (Type) Medical 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md Frederick Fred Fairview 11-27-67 Burial 24. FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR _2Sb. REGISTRAR'S SIGNATURE Frederick, Maryland .E. Hicks, 111



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15410 death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Prederick o. STATE Mary land o. COUNTY Frederick MARYLAND be executed within 24 hours-other b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Jefferson-Rural 21755 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and in any event, within 72 hours Jefferson-Rural 21755 Since-1941 IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? filled Near Jefferson Near Jefferson YES NO and campletely fi remave carbon 3. NAME OF Middle 4. DATE Lost Month Day Year DECEASED MAREL MADORA WICKHAM November 20 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED That birthdoy) Months Haurs Days 9 Aug 1895 Pemale. White WIDOWED K DIVORCED pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of warking life, even if retired) Own Home QUNTRY? Maryland requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys ar remayal John Ellsworth Gantt Madora M. Everhart 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknown) (If yes give war or dotes af service) 220-34-1059 Floyd C. Wickham (Same as item #1) burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUF TO 10920 Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying cause for use as the b FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K ATTENDING PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20n ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. af detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) **Not While** at work at wark A . 10_ , 19___, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 should should be filed with the saw the deceased alive an_ and that death accurred at. M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 21 Nov 1967 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S A. T. Brice, M. D. Jefferson, Maryland 21755 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) BUREMOVA (Specify) 11/24/67 St. Mark's Cemetery Petersville, Md. 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (III) M. R. Etchison & Son. Frederick, Md. 21701 20 M 1/M

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CERTIFICATE OF DEATH

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7/295	o. COUNTY O. STATE D. COUNTY MARYLAND MARYLAND MARYLAND	/
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execut and com remove	Male White WIDOWED DIVORCED Sept. 29, 1896 77 yrs. Months Doys Hours M	in.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic-Garpenter 10. KIND OF BUSINESS OR INDUSTRY Feed Mill Middleburg, Marylnad U.S.A.	
icat sicii plec	13. FATHER'S NAME	
th certificate b ling physician then please removal, ond i	Frank H. Wilson Hengietta Otto	
ing ing	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ne deoth ce attending p permit. The ion, or remo	(Yes, na, or unknown) (If yes give war or dates at service) Yes W1 214-16-0949A Mr. Guy Simpson. Middleburg. Maryland	
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E S S S S	saw the deceased alive an Nov 24 1967, and that death accurred at 745 pM, from causes and an the date stated about 1967 and that death accurred at 745 pM.	av
OR ATTENI be retained DIRECTOR: A ge 3 should led with the	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 26 Nov-67	
	22c. PHYSICIAN'S 22d. ADDRESS //	_
20200	NAME (Type) / feloxy V. (hase 804 Toll House Ave Frederick)	4
O HOSPII O FUNER O FUNER director,	230. BURIAL, CREMATION, 23b. DATE TAFEROF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stafe)	
020 5 m	Burial Nov. 29.1967 Middleburg Cemetery MiddleburgmCarroll, Marylan	nd
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